We stand behind every bottle of aspirin.

Butazolidin® alka Geigy

Each capsule contains:
100 mg. phenylbutazone USP
100 mg. dried aluminum hydroxide gel USP
150 mg. magnesium trisilicate USP

After aspirin in arthritic flare-ups...

If it doesn't work in a week, forget it.

Important Note: This drug is not a simple analgesic. Do not administer casually. Carefully evaluate patients before starting treatment and keep them under close supervision. Obtain a detailed history, and complete physical and laboratory examination (complete hemogram, urinalysis, etc.) before prescribing and at frequent intervals thereafter. Carefully select patients, avoiding those responsive to routine measures, contraindicated patients or those who cannot be observed frequently. Warn patients not to exceed recommended dosage. Short-term relief of severe symptoms with the smallest possible dosage is the goal of therapy. Dosage should be taken with meals or a full glass of milk. Substitute alka capsules for tablets if dyspeptic symptoms occur. Patients should discontinue the drug and report immediately any sign of: fever, sore throat, oral lesions (symptoms of blood dyscrasia); dyspepsia, epigastric pain, symptoms of anemia, black or tarry stools or other evidence of intestinal ulceration or hemorrhage, skin reactions, significant weight gain or edema. A one-week trial period is adequate. Discontinue in the absence of a favorable response. Restrict treatment periods to one week in patients over sixty.

Indications: Acute gouty arthritis, rheumatoid arthritis, rheumatoid spondylitis.

Contraindications: Children 14 years or less; senile patients; history or symptoms of G.I. inflammation or ulceration including severe, recurrent or persistent dyspepsia; history or presence of drug allergy; blood dyscrasias; renal, hepatic or cardiac dysfunction; hypertension; thyroid disease; systemic edema; stomatitis and salivary gland enlargement due to the drug; polymyalgia rheumatica and temporal arteritis; patients receiving other potent chemotherapeutic agents, or long-term anticoagulant therapy.

Warnings: Age, weight, dosage, duration of therapy, existence of concomitant diseases, and concurrent potent chemotherapy affect incidence of toxic reactions. Carefully instruct and observe the individual patient, especially the aging (forty years and over) who have increased susceptibility to the toxicity of the drug. Use lowest effective dosage. Weigh initially unpredictable benefits against potential risk of severe, even fatal, reactions. The disease condition itself is unaltered by the drug. Use with caution in first trimester of pregnancy and in nursing mothers. Drug may appear in cord blood and breast milk. Serious, even fatal, blood dyscrasias, including aplastic anemia, may occur suddenly despite regular hemograms, and may become manifest days or weeks after cessation of drug. Any significant change in total white count, relative decrease in granulocytes, appearance of immature forms, or fall in hematocrit should signal immediate cessation of therapy and complete hematologic investigation. Unexplained bleeding involving CNS, adrenals, and G.I. tract has occurred. The drug may potentiate action of insulin, sulfonylurea, and sulfonamide-type agents. Carefully observe patients taking these agents. Nontoxic and toxic goiters and myxedema have been reported (the drug reduces iodine uptake by the thyroid). Blurred vision can be a significant toxic symptom worthy of a complete ophthalmological examination. Swelling of ankles or face in patients under sixty may be prevented by reducing dosage. If edema occurs in patients over sixty, discontinue drug.

Precautions: The following should be accomplished at regular intervals: Careful detailed history for disease being treated and detection of earliest signs of adverse reactions; complete physical examination including check of patient's weight; complete weekly (especially for the aging) or an every two week blood check; pertinent laboratory studies. Caution patients about participating in activity requiring alertness and coordination, as driving a car, etc. Cases of leukemia have been reported in patients with a history of short- and long-term therapy. The majority of these patients were over forty. Remember that arthritic-type pains can be the presenting symptom of leukemia.

Adverse Reactions: This is a potent drug; its misuse can lead to serious results. Review detailed information before beginning therapy. Ulcerative esophagitis, acute and reactivated gastric and duodenal ulcer with perforation and hemorrhage, ulceration and perforation of large bowel, occult G.I. bleeding with anemia, gastritis, epigastric pain, hematemesis, dyspepsia, nausea, vomiting and diarrhea, abdominal distention, agranulocytosis, aplastic anemia, hemolytic anemia, anemia due to blood loss including occult G.I. bleeding, thrombocytopenia, pancytopenia, leukemia, leukopenia, bone marrow depression, sodium and chloride retention, water retention and edema, plasma dilution, respiratory alkalosis, metabolic acidosis, fatal and nonfatal hepatitis (cholestasis may or may not be prominent), petechiae, purpura without thrombocytopenia, toxic pruritus, erythema nodosum, erythema multiforme, Stevens-Johnson syndrome, Lyell's syndrome (toxic necrotizing epidermolysis), exfoliative dermatitis, serum sickness, hypersensitivity angiitis (polyarteritis), anaphylactic shock, urticaria, arthralgia, fever, rashes (all allergic reactions require prompt and permanent withdrawal of the drug), proteinuria, hematuria, oliguria, anuria, renal failure with azotemia, glomerulonephritis, acute tubular necrosis, nephrotic syndrome, bilateral renal cortical necrosis, renal stones, ureteral obstruction with uric acid crystals due to uricosuric action of drug, impaired renal function, cardiac decompensation, hypertension, pericarditis, diffuse interstitial myocarditis with muscle necrosis, perivascular granulomata, aggravation of temporal arteritis in patients with polymyalgia rheumatica, optic neuritis, blurred vision, retinal hemorrhage, toxic amblyopia, retinal detachment, hearing loss, hyperglycemia, thyroid hyperplasia, toxic goiter, association of hyperthyroidism and hypothyroidism (causal relationship not established), agitation, confusional states, lethargy; CNS reactions associated with overdosage, including convulsions, euphoria, psychosis, depression, headaches, hallucinations, giddiness, vertigo, coma, hyperventilation, insomnia; ulcerative stomatitis, salivary gland enlargement.
(B)98-146-070-G

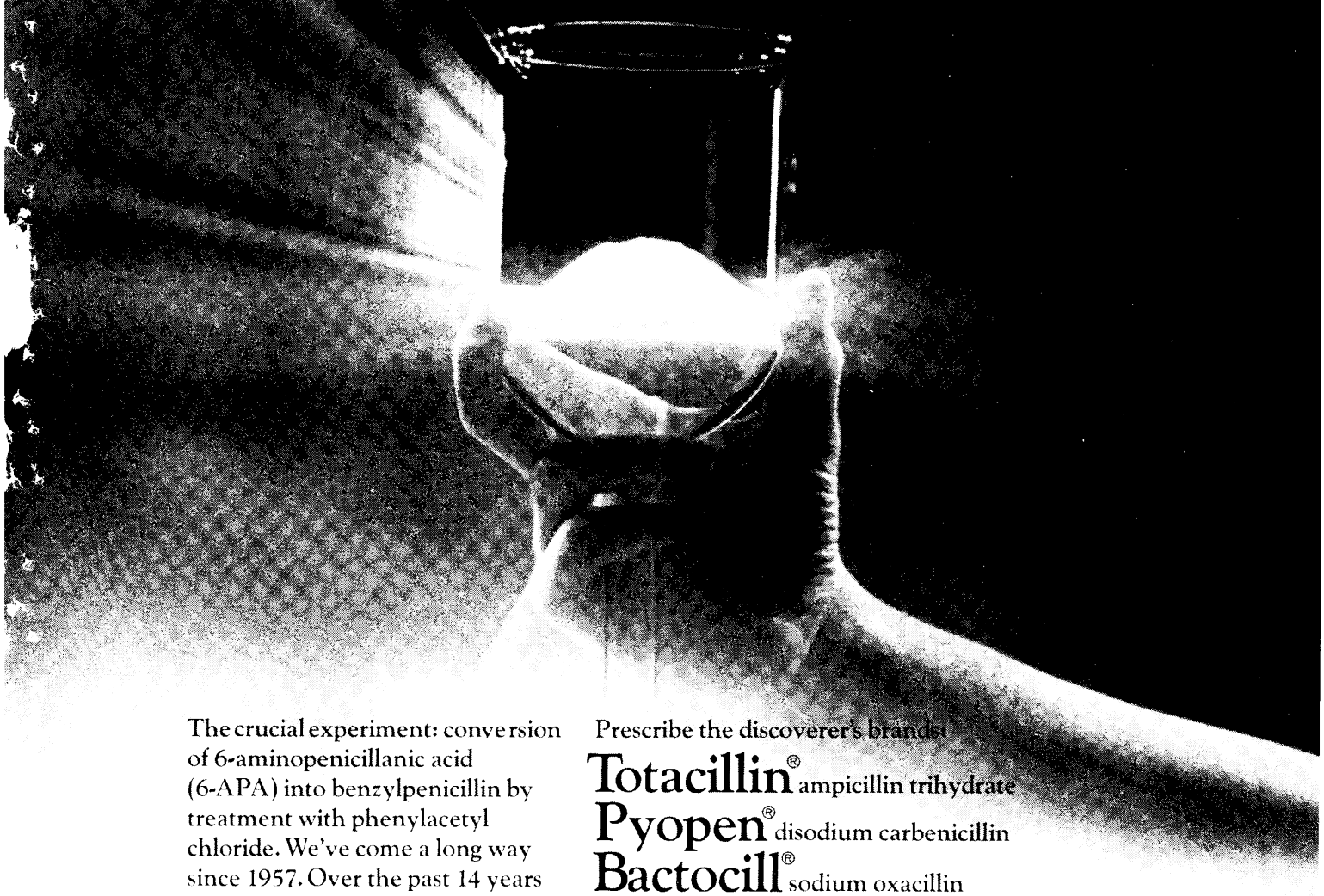
For complete details, including dosage, please see full prescribing information.

GEIGY Pharmaceuticals
Division of CIBA-GEIGY Corporation
Ardsley, New York 10502

BU-8439-9

May 1957

The age of semi-synthetic penicillins begins at Beecham Research Laboratories.



The crucial experiment: conversion of 6-aminopenicillanic acid (6-APA) into benzylpenicillin by treatment with phenylacetyl chloride. We've come a long way since 1957. Over the past 14 years more than 3000 different semi-synthetic penicillins have been synthesized and evaluated by our staff. The fruits of their work are in your hands today.

Need we say more?

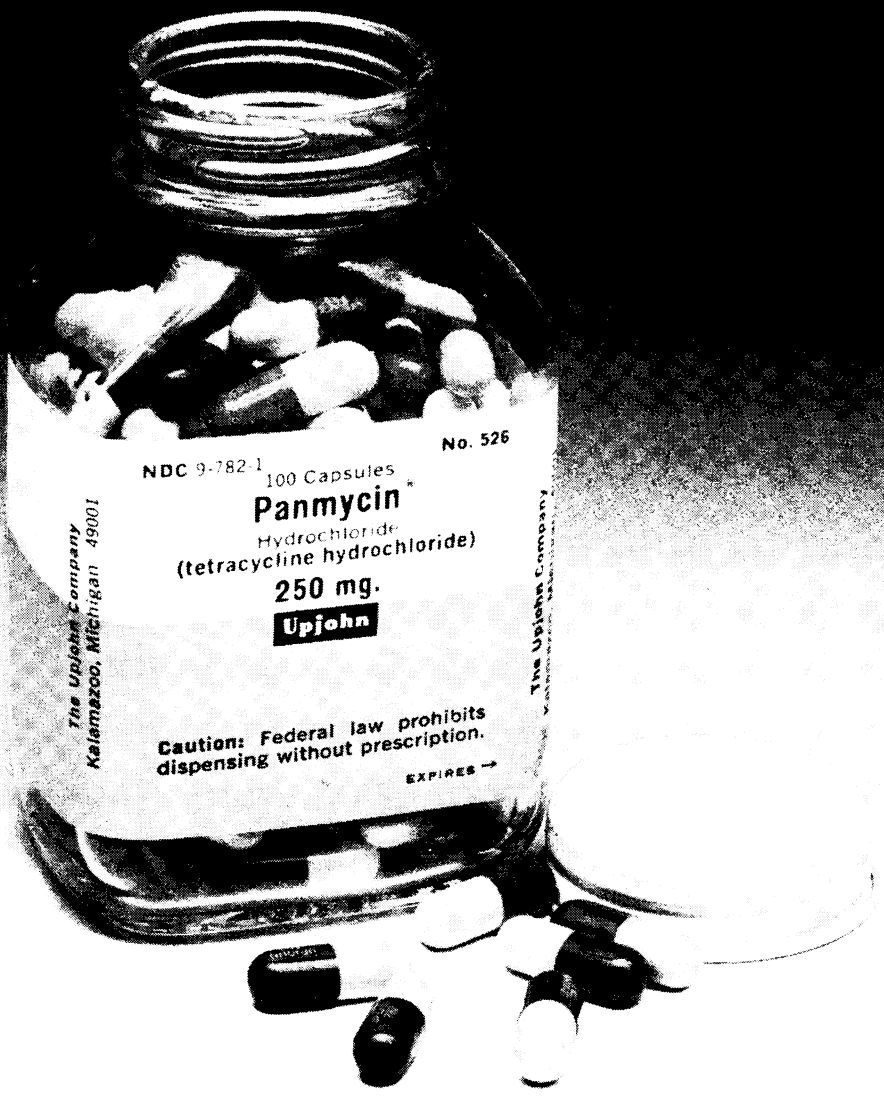
Prescribe the discoverer's brands:

Totacillin® ampicillin trihydrate
Pyopen® disodium carbenicillin
Bactocillin® sodium oxacillin
and more to come

Beecham-Massengill Pharmaceuticals BMP
Div. of Beecham Inc., Bristol, Tennessee 37620

□Totacillin (ampicillin trihydrate) capsules equivalent to 250 mg. and 500 mg. ampicillin, for oral suspension equivalent to 125 mg./5 cc. and 250 mg./5 cc. ampicillin. □Pyopen (disodium carbenicillin) vials for injection equivalent to 1 gm. and 5 gm. of carbenicillin. □Bactocill (sodium oxacillin) capsules equivalent to 250 mg. and 500 mg. oxacillin and vials for injection equivalent to 500 mg. and 1 gm. oxacillin.

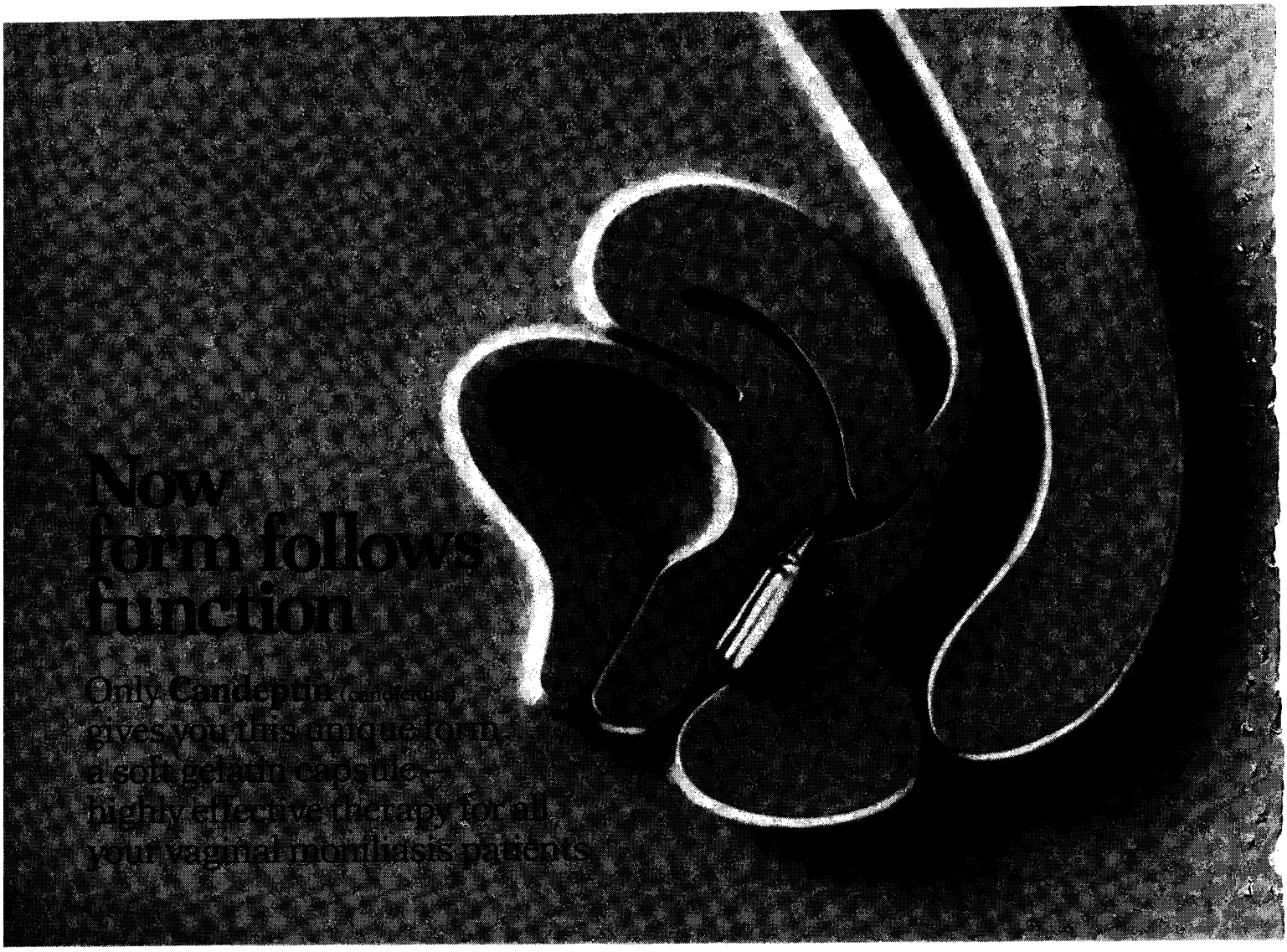
Upjohn's low-priced tetracycline



Panmycin®

(tetracycline HCl, Upjohn)
Available as 250 mg capsules and
tetracycline syrup 125 mg/5 ml

Upjohn The Upjohn Company, Kalamazoo, Michigan 49001



CANDEPTIN® (candicidin) VAGELETTES™ Vaginal Capsules...a unique dosage form... anatomically and therapeutically designed to extend flexibility in the treatment of vaginal moniliasis.

Virtually unlimited application
CANDEPTIN VAGELETTES Vaginal Capsules provide the specific high potency antimonilial agent, candicidin, in a soft gelatin capsule—the shape designed with your patient in mind. It permits easy manual insertion without the need for an applicator or inserter...of particular value for the pregnant patient...for *intravaginal use.* By cutting off the tip of the narrow soft end, the contents can be extruded through an intact hymen for *intravaginal use.* And it is readily adaptable to *topical application* for labial involvement, and/or *intravaginal use* to treat mucosal infection.

CANDEPTIN (candicidin) provides:

Rapid results
Prompt, symptomatic relief—itching, burning, and discharge subside in 48-72 hours.[1]
Soothing, miscible ointment permits complete contact with affected tissue.
Usually cures in a single 14-day course of therapy.[2,3,4]

Safe
Exact dosage assured.[2,3]
No side effects, clinical reports of irritation or sensitization extremely rare.

Convenience
Easy to use intravaginally and/or topically for labial involvement.
Encourages patient acceptance and cooperation.
Therapy is easy to start in your office.

Clinical proof of potency
CANDEPTIN (candicidin) is significantly more potent *in vitro* than nystatin.[5] CANDEPTIN Vaginal Ointment and Tablets have a clinical record of cure rates of 90% and more in pregnant and non-pregnant patients.[1,4,6] In recent studies on CANDEPTIN VAGELETTES Vaginal Capsules, involving both gravid and non-gravid patients, a 100% culture-confirmed cure rate was achieved with a single 14-day course of therapy.[2,3]

Unique CANDEPTIN® (candicidin) VAGELETTES™ Vaginal Capsules

In acute gonorrhea

(urethritis, cervicitis, proctitis when due to susceptible strains of N. gonorrhoeae)

Sterile Trobicin®
(spectinomycin dihydrochloride pentahydrate)—For Intramuscular injections, 2 gm vials containing 5 ml when reconstituted with diluent. 4 gm vials containing 10 ml when reconstituted with diluent.
An aminocyclitol antibiotic active *in vitro* against most strains of *Neisseria gonorrhoeae* (MIC 7.5 to 20 mcg/ml). Definitive *in vitro* studies have shown no cross resistance of *N. gonorrhoeae* between Trobicin and penicillin.

Indications: Acute gonorrheal urethritis and proctitis in the male and acute gonorrheal cervicitis and proctitis in the female when due to susceptible strains of *N. gonorrhoeae*.

Contraindications: Contraindicated in patients previously found hypersensitive to Trobicin. Not indicated for the treatment of syphilis.

Warnings: Antibiotics used to treat gonorrhea may mask or delay the symptoms of incubating syphilis. Patients should be carefully examined and monthly serological follow-up for at least 3 months should be instituted if the diagnosis of syphilis is suspected.

Safety for use in infants, children and pregnant women has not been established.

Precautions: The usual precautions should be observed with atopic individuals. Clinical effectiveness should be monitored to detect evidence of development of resistance of *N. gonorrhoeae*.

Adverse reactions: The following reactions were observed during the single-dose clinical trials: soreness at the injection site, urticaria, dizziness, nausea, chills, fever and insomnia.
During multiple-dose subchronic tolerance studies in normal human volunteers, the following were noted: a decrease in hemo-

Trobicin®

sterile spectinomycin dihydrochloride pentahydrate, Upjohn

single-dose intramuscular treatment

High cure rate:* 96% of 571 males, 95% of 294 females
(Dosages, sites of infection, and criteria for diagnosis and cure are defined below.)**

Assurance of a single-dose, physician-controlled treatment schedule

No allergic reactions occurred in patients with an alleged history of penicillin sensitivity when treated with Trobicin, although penicillin antibody studies were not performed

Active against most strains of Neisseria gonorrhoeae in vitro (M.I.C. 7.5-20 mcg/ml)

A single two-gram injection produces peak serum concentrations averaging about 100 mcg/ml in one hour (average serum concentrations of 15 mcg/ml present 8 hours after dosing)

Note: Antibiotics used in high doses for short periods of time to treat gonorrhea may mask or delay the symptoms of incubating syphilis. Since the treatment of syphilis demands prolonged therapy with any effective antibiotic, and since Trobicin is not indicated in the treatment of syphilis, patients being treated for gonorrhea should be closely observed clinically. Monthly serological follow-up for at least 3 months should be instituted if the diagnosis of syphilis is suspected. Trobicin is contraindicated in patients previously found hypersensitive to it.

*Data compiled from reports of 14 investigators. **Diagnosis was confirmed by cultural identification of *N. gonorrhoeae* on Thayer-Martin media in all patients. Criteria for cure: negative culture after at least 2 days post-treatment in males and at least 7 days post-treatment in females. Any positive culture obtained post-treatment was considered evidence of treatment failure even though the follow-up period might have been less than the periods cited above under "criteria for cure" except when the investigator determined that reinfection through additional sexual contacts was likely. Such cases were judged to be reinfections rather than relapses or failures. These cases were regarded as non-evaluatable and were not included. JA72 1848-6

globin, hematocrit and creatinine clearance; elevation of alkaline phosphatase, BUN and SGPT. In single and multiple-dose studies in normal volunteers, a reduction in urine output was noted. Extensive renal function studies demonstrated no consistent changes indicative of renal toxicity.

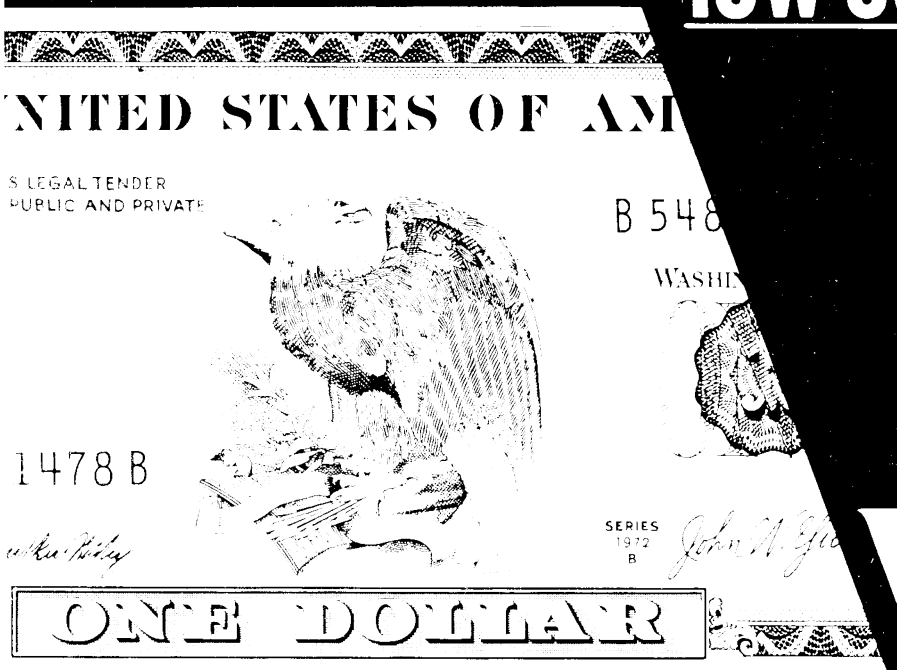
Dosage and administration: Keep at 25°C and use within 24 hours after reconstitution with diluent.
Male—single 2 gram dose (5 ml) intramuscularly. Patients with gonorrheal proctitis and patients being re-treated after failure of previous antibiotic therapy should receive 4 grams (10 ml). In geographic areas where antibiotic resistance is known to be prevalent, initial treatment with 4 grams (10 ml) intramuscularly is preferred.
Female—single 4 gram dose (10 ml) intramuscularly.

How supplied: *Vials, 2 and 4 grams—with ampoule of Bacteriostatic Water for Injection with Benzyl Alcohol 0.9% w/v.* Reconstitution yields 5 and 10 ml respectively with a concentration of spectinomycin dihydrochloride pentahydrate equivalent to 400 mg spectinomycin per ml. For intramuscular use only.
Susceptibility Powder—for testing *in vitro* susceptibility of *N. gonorrhoeae.*

Human pharmacology: Rapidly absorbed after intramuscular injection. A two-gram injection produces peak serum concentrations averaging about 100 mcg/ml at one hour with 15 mcg/ml at 8 hours. A four-gram injection produces peak serum concentrations averaging 160 mcg/ml at two hours with 31 mcg/ml at 8 hours.
For additional product information, see your Upjohn representative or consult the package insert. MED-B-1-S (LWB)

Upjohn The Upjohn Company, Kalamazoo, Michigan 49001

Something new in ampicillin therapy: **low cost**



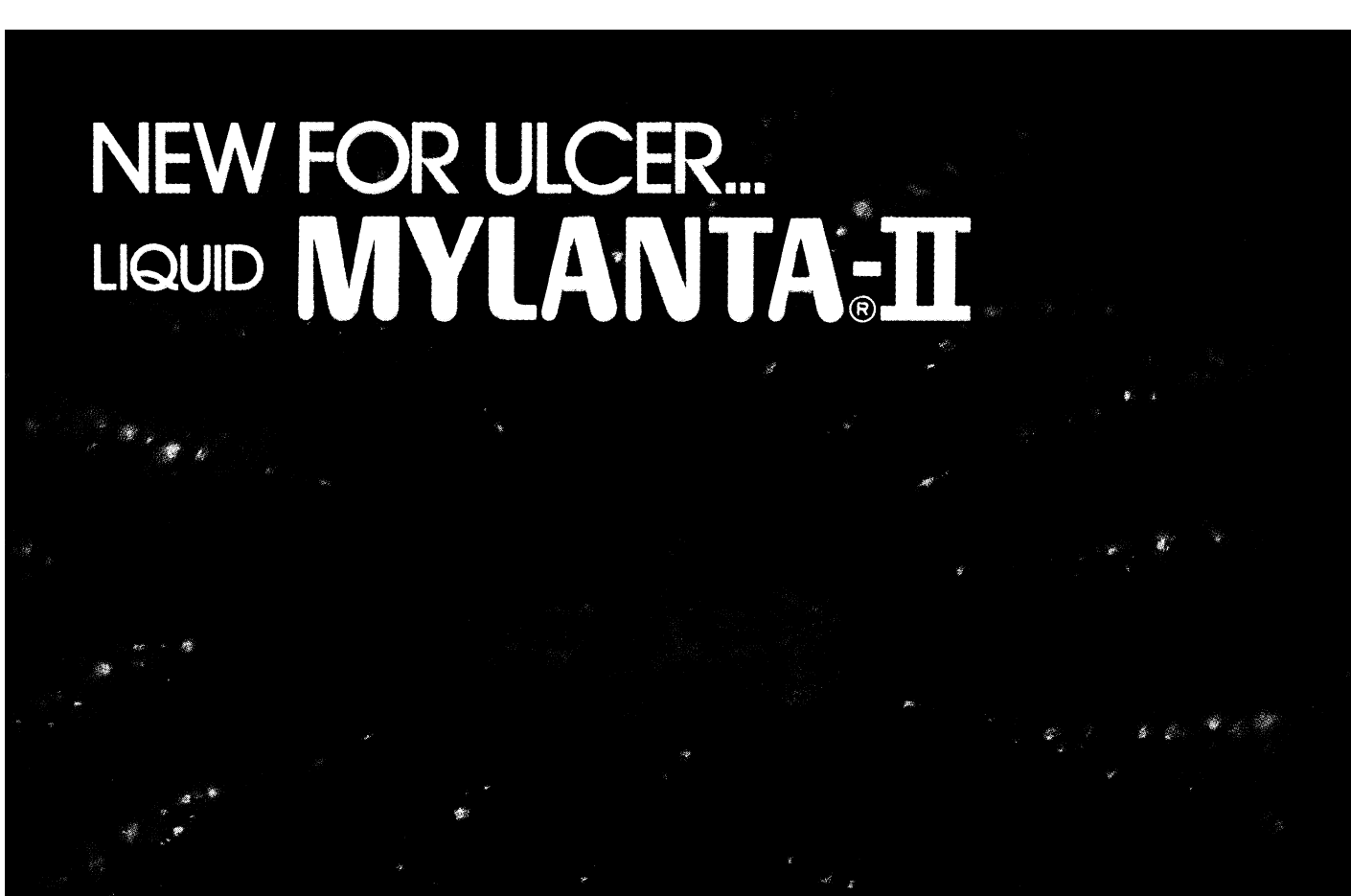
Versapen®-K
POTASSIUM HETACILLIN
the ampicillin derivative

Each capsule contains potassium hetacillin equivalent to 225 mg. or 450 mg. ampicillin.

BRISTOL

BRISTOL LABORATORIES
Division of Bristol-Myers Company
Syracuse, New York 13201

NEW FOR ULCER...
LIQUID MYLANTA®-II



GREATER NEUTRALIZING IMPACT

MYLANTA®-II LIQUID

aluminum and magnesium hydroxides plus simethicone

NEW HIGH POTENCY ANTACID FOR RELIEF OF ULCER PAIN

STUART PHARMACEUTICALS | Division of ICI America Inc. | Wilmington, Del. 19899 | Pasadena, Calif. 91109

X-ray provided by Manhattan Eye, Ear and Throat Hospital

There are many frustrations in treating acute sinusitis. Cleocin manages most of the bacterial ones.

Inadequate drainage, chronic rhinitis, allergy, exposure to temperature extremes, and other factors can delay recovery from acute sinusitis.

It's helpful to have an antibiotic like Cleocin HCl (clindamycin HCl hydrate, Upjohn) that can take care of most of the gram-positive bacterial problems related to the disease.

As one study* of 52 outpatients showed, acute maxillary sinusitis was associated with staphylococci in 50% of the group, with pneumococci in 25%, and with streptococci and various other organisms (chiefly gram-negative) in the remainder. Significantly, one-half of these staphylococcal infections were resistant to both penicillin and tetracycline (all were sensitive to erythromycin and chloramphenicol). Although not a part of this study, many other clinical and bacteriologic reports[1] have shown that such gram-positive bacteria, which most often are associated with acute sinusitis, are usually susceptible to Cleocin.

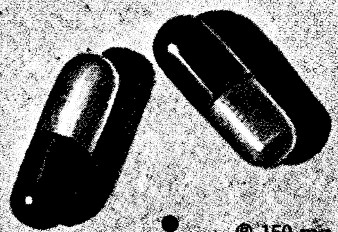
Can be taken before, with, or after meals

The total absorption of Cleocin is virtually unaffected by the presence of food in the GI tract.[1] Cleocin thus can be administered as prescribed without interfering with the patient's mealtimes.

Useful in patients hypersensitive to penicillin

Cleocin's chemical structure bears no relationship to penicillin or the cephalosporins. Cleocin therefore may be especially useful in patients with acute sinusitis who report a history of hypersensitivity to these antibiotics. Although hypersensitivity reactions have been uncommon with Cleocin, it should be used cautiously in atopic individuals. Cleocin is not recommended in the lincomycin-sensitive patient.

Please see following page for further prescribing information.



Cleocin HCl® 150 mg capsules

clindamycin HCl hydrate, Upjohn

*Reynolds, R. C., et al.: Bull. Johns Hopkins Hosp. 114:269, 1964

1. Data on file, Medical Research Department, The Upjohn Company

Side effects: In studies of 1,416 patients involving 92 clinical investigators, side effects were reported in 8.2%.[1] Diarrhea or loose stools were noted in 3% of these cases (one patient with bloody stools). In a few instances, diarrhea lasted several days. A slightly higher incidence of diarrhea or loose stools has been reported by some investigators in subsequent studies.

Toxicity: No irreversible hematologic, renal, dermatologic, or neurologic abnormalities have been reported.[1] Transient leukopenia and eosinophilia have been observed. Elevations of alkaline phosphatase and serum transaminases were observed in a few instances. As with other antibiotics, periodic liver function tests and blood counts should be performed during prolonged therapy.

In acute sinusitis and other upper respiratory infections due to susceptible staphylococci, streptococci, and pneumococci.

Cleocin® HCl

clindamycin HCl hydrate, Upjohn

Each preparation contains:	Clindamycin HCl hydrate equivalent to clindamycin base
150 mg Capsules	150 mg
75 mg Capsules	75 mg

Cleocin (clindamycin, Upjohn) is a new semisynthetic antibiotic produced from the parent compound lincomycin and provides more *in vitro* potency, better oral absorption and fewer gastrointestinal side effects than the parent compound.

Cleocin HCl (clindamycin HCl hydrate) is indicated in infections of the upper and lower respiratory tract, skin and soft tissue, and, adjunctively, dental infections caused by gram-positive organisms which are susceptible to its action, particularly streptococci, pneumococci and staphylococci. As with all antibiotics, *in vitro* susceptibility studies should be performed.

CONTRAINDICATIONS: Patients previously found to be hypersensitive to this compound or to lincomycin.

WARNINGS: Safety for use in pregnancy not established. Not indicated in the newborn (infants below 30 days of age).

PRECAUTIONS: Prescribe with caution in atopic individuals. Perform periodic liver function tests and blood counts during prolonged therapy. The serum half-life in patients with markedly reduced renal function is approximately twice that in normal patients; hemodialysis and peritoneal dialysis do not effectively remove Cleocin from the blood. Therefore, with severe renal insufficiency, determine serum levels of clindamycin periodically and decrease the dose appropriately. Should overgrowth of nonsusceptible organisms—particularly yeasts—occur, take appropriate clinically indicated measures.

ADVERSE REACTIONS: Generally well tolerated in clinical efficacy studies. Side effects reported in 8.2% of 1,416 patients. Of the total, 6.9% reported gastrointestinal side effects and 1.3% reported other side effects. Diarrhea or loose stools were reported in 3%. *Gastrointestinal:* Symptoms included abdominal pain, nausea, vomiting and diarrhea or loose stools. In a few instances, diarrhea lasted for several days; one case of bloody stools was reported. *Hematopoietic:* Transient neutropenia (leukopenia) and eosinophilia have been reported; relationship to therapy is unknown. No irreversible hematologic toxicity has been reported. *Skin and Mucous Membranes:* Skin rash and urticaria have been reported infrequently. *Hypersensitivity Reactions:* A few cases of hypersensitivity reaction have been reported. If hypersensitivity occurs, discontinue drug and have available the usual agents (epinephrine, corticosteroids, antihistamines) for emergency treatment. *Liver:* Although no direct relationship of Cleocin HCl (clindamycin HCl hydrate) to liver dysfunction has been noted and significance of such change is unknown, transient abnormalities in liver function tests (elevations of alkaline phosphatase and serum transaminases) have been observed in a few instances. Also, abnormal liver function test values at the beginning of therapy have returned to normal during therapy.

DOSAGE AND ADMINISTRATION: *Adults:* Mild to moderately severe infections—150 to 300 mg every 6 hours. Severe infections—300 to 450 mg every 6 hours.

Children: Mild to moderately severe infections—8 to 16 mg/kg/day (4 to 8 mg/lb/day) divided into three or four equal doses. Severe infections—16 to 20 mg/kg/day (8 to 10 mg/lb/day) divided into three or four equal doses.

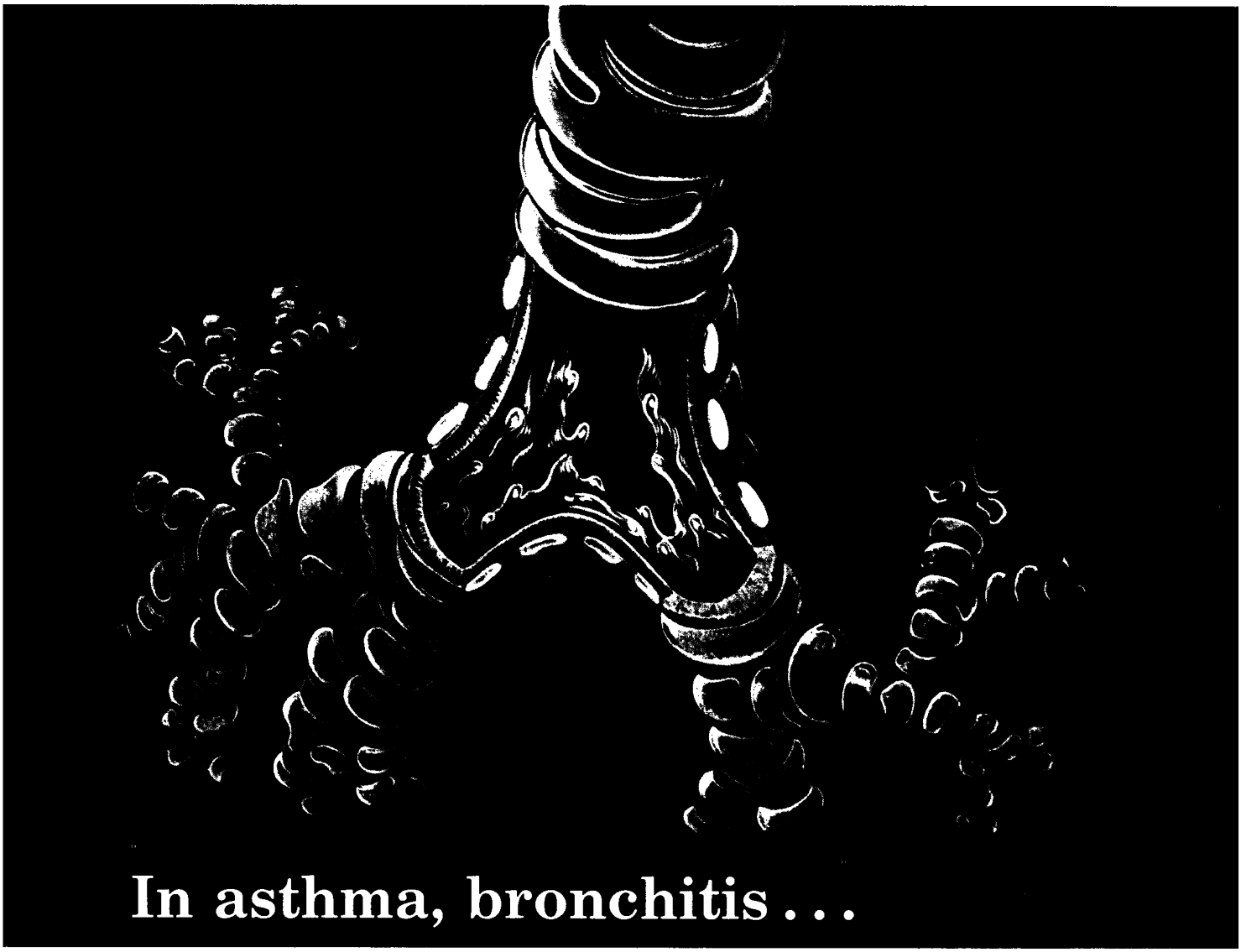
Note: With β-hemolytic streptococcal infections, treatment should continue for at least 10 days to diminish the likelihood of subsequent rheumatic fever or glomerulonephritis.

SUPPLIED: *150 mg Capsules*—Bottles of 16's and 100's. *75 mg Capsules*—Bottles of 16's and 100's. *Sensitivity Disks*—2 μg. *Sensitivity Powder*—Vials.

For additional product information, see your Upjohn representative or consult package insert. MED B-4-S (LNU-3) JA71-1565

The Upjohn Company, Kalamazoo, Michigan 49001 **Upjohn**

MOVE-OUT STICKY MUCUS...



In asthma, bronchitis...

"Many physicians use iodides intravenously when they suspect that the main reason for airway obstruction is sticky mucus but oral iodides are more likely to exert an expectorant action."[1]

"For the viscid sputum, potassium iodide (... preferable as enteric coated tablets) may be best."[2]

Provide tastefree, well-tolerated KI in convenient SLOSOL coated tablets–

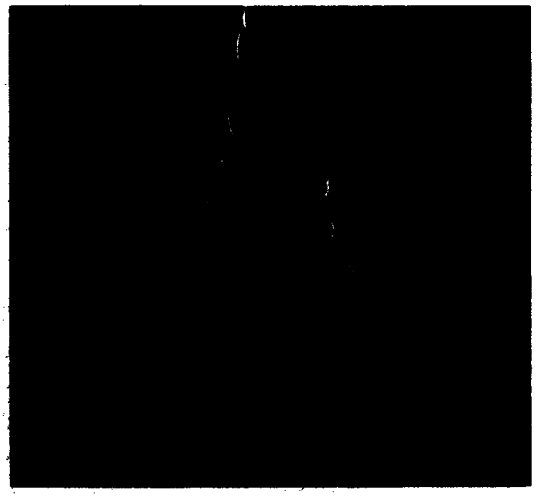
IODO-NIACIN®

Each SLOSOL coated tablet contains potassium iodide 135 mg. and niacinamide hydroiodide 25 mg.

COLE

please see next page for prescribing information–

Promote Productive Cough-



"The productive cough serves the necessary purpose of removing excess mucus from the bronchial tree."[3]

"... there is clear evidence that the loosening of the bronchial mucus blanket must begin from within the underlying mucus glands where it is anchored and not from the surface. Complications of iodides are too occasional to avoid the use of this valuable medication."[3]

Rx Information:

INDICATIONS: The primary indication for Iodo-Niacin is in any clinical condition where iodide therapy is desired. All of the usual indications for the iodides apply to Iodo-Niacin and include:

RESPIRATORY DISEASE: The use of Iodo-Niacin is indicated whenever an expectorant action is desired to increase the flow of bronchial secretion and thin out tenacious mucus as seen in bronchial asthma, and other chronic pulmonary disease. Iodo-Niacin has also proven of value in sinusitis, bronchitis, bronchiectasis, and other chronic and acute respiratory diseases where the expectorant action of iodide is desired.

THYROID DISEASE: Iodo-Niacin is indicated in any thyroid disorder due to iodine deficiency, such as endemic goiter or hypoplastic goiter, and where hypothyroidism is secondary to iodine deficiency. Iodo-Niacin will suppress mild hyperthyroidism completely, and partially suppress more severe hyperthyroid states. Iodo-Niacin is also of value in suppressing the symptoms of hyperthyroidism and decreasing the size and vascularity of the thyroid gland prior to thyroidectomy.

ARTERIOSCLEROSIS: Iodides have been reported as relieving some of the symptoms associated with arteriosclerosis. The mechanism of action is unknown, but the effects are documented.

OPHTHALMOLOGY: Iodo-Niacin has been reported to be of value in retinal and vitreous hemorrhages. The mechanism of action is unknown, but absorption of the hemorrhagic areas has been observed following use of this drug. It is also reported to be of value in reducing or removing vitreous floaters.

SIDE EFFECTS: Serious adverse side effects from the use of Iodo-Niacin are rare. Mild symptoms of iodism such as metallic taste, skin rash, mucous membrane ulceration, salivary gland swelling, and gastric distress have occurred occasionally. These generally subside promptly when the drug is discontinued. Pulmonary tuberculosis is considered a contraindication to the use of iodides by some authorities, and the drug should be used with caution in such cases. Rare cases of goiter with hypothyroidism have been reported in adults who had taken iodides over a prolonged period of time, and in newborn infants whose mothers had taken iodides for prolonged periods. The signs and symptoms regressed spontaneously after iodides were discontinued. The causal relationship and exact mechanism of action of iodides in this phenomenon are unknown. Appropriate precautions should be followed in pregnancy and in individuals receiving Iodo-Niacin for prolonged periods.

DOSAGE: The oral dose for adults is two tablets after meals taken with a glass of water. For children over eight years, one tablet after meals with water. The dosage should be individualized according to the needs of the patient on long-term therapy.

HOW SUPPLIED: Cole's Iodo-Niacin tablets are available in bottles of 100, 500 and 1,000. Slosol coated pink. NDC 55-6458.

IODO-NIACIN®

Each SLOSOL tablet contains potassium iodide 135 mg. and niacinamide hydroiodide 25 mg. Sig. ℈ tabs. t.i.d. p.c.

References: 1. Itkin, I. H., Am. Fam. Phys. 4:83, 1971. 2. Feinberg, S. M., Consultant Sept., 1971, pg. 32. 3. Bookman, R., Ann. Allerg. 29:367, 1971.

COLE
PHARMACAL CO. INC.
St. Louis, Mo. 63108

Give yourself a tax break.

How? By investing in tax-free municipal bonds. Income from California Municipal bonds are free of all Federal and California State income tax. And in the higher tax brackets, tax free bonds can give you a better net yield than stock market dividends, corporate bonds, and other taxable investments. Bank of America can give you personalized service plus a wide selection of California state and municipal tax-free bonds. We can assist you in the selection of the issues and maturities that suit your particular needs best.

Send for a free copy of our informative booklet, "A Comparison of Tax Exempt Municipal Yields with Taxable Income." It includes a table showing at a glance the importance of tax-free income at various income levels and tax brackets. Mail the coupon today — and give yourself a break.

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Bank Investment Securities Division

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Bank Investment Securities Division
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San Francisco, California 94137

Attn: Mr. Andrew K. McCord

Please send me a copy of "A comparison of Tax Exempt Municipal Yields with Taxable Income"

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Address_____

City_____ State_____ Zip_____

BANK OF AMERICA NT&SA

Will his return to work mean the return of undue psychic tension?

When it's mandatory to keep the post-coronary patient calm, consider Valium (diazepam).

Although he's promised to take it easy back on the job, you know he's going back to the same stressful circumstances that may have contributed to his hospitalization. If he experiences excessive anxiety and tension because of overreaction to stress, your prescription for Valium can bring relief. During the period of readjustment Valium can quiet undue anxiety.

For moderate states of psychic tension, 5-mg or 2-mg Valium tablets *b.i.d.* to *q.i.d.* can usually provide reliable relief. For severe tension/anxiety states, the 10-mg tablets often produce desired results.

The most commonly reported side effects are drowsiness, ataxia and fatigue. Until individual response is determined, caution patient against driving or operating dangerous machinery.

Valium® (diazepam)

For the tense cardiac patient who must be kept calm

Before prescribing, please consult complete product information, a summary of which follows:

Indications: Tension and anxiety states; somatic complaints which are concomitants of emotional factors; psychoneurotic states manifested by tension, anxiety, apprehension, fatigue, depressive symptoms or agitation; symptomatic relief of acute agitation, tremor, delirium tremens and hallucinosis due to acute alcohol withdrawal; adjunctively in skeletal muscle spasm due to reflex spasm to local pathology, spasticity caused by upper motor neuron disorders, athetosis, stiff-man syndrome, convulsive disorders (not for sole therapy).

Contraindicated: Known hypersensitivity to the drug. Children under 6 months of age. Acute narrow angle glaucoma; may be used in patients with open angle glaucoma who are receiving appropriate therapy.

Warnings: Not of value in psychotic patients. Caution against hazardous occupations requiring complete mental alertness. When used adjunctively in convulsive disorders, possibility of increase in frequency and/or severity of grand mal seizures may require increased dosage of standard anticonvulsant medication; abrupt withdrawal may be associated with temporary increase in frequency and/or severity of seizures. Advise against simultaneous ingestion of alcohol and other CNS depressants. Withdrawal symptoms (similar to those with barbiturates and alcohol) have occurred following abrupt discontinuance (convulsions, tremor, abdominal and muscle cramps, vomiting and sweating). Keep addiction-prone individuals under careful surveillance because of their predisposition to habituation and dependence. In pregnancy, lactation or women of childbearing age, weigh potential benefit against possible hazard.

Precautions: If combined with other psychotropics or anticonvulsants, consider carefully pharmacology of agents employed; drugs such as phenothiazines, narcotics, barbiturates, MAO inhibitors and other antidepressants may potentiate its action. Usual precautions indicated in patients severely depressed, or with latent depression, or with suicidal tendencies. Observe usual precautions in impaired renal or hepatic function. Limit dosage to smallest effective amount in elderly and debilitated to preclude ataxia or oversedation.

Side Effects: Drowsiness, confusion, diplopia, hypotension, changes in libido, nausea, fatigue, depression, dysarthria, jaundice, skin rash, ataxia, constipation, headache, incontinence, changes in salivation, slurred speech, tremor, vertigo, urinary retention, blurred vision. Paradoxical reactions such as acute hyperexcited states, anxiety, hallucinations, increased muscle spasticity, insomnia, rage, sleep disturbances, stimulation have been reported; should these occur, discontinue drug. Isolated reports of neutropenia, jaundice; periodic blood counts and liver function tests advisable during long-term therapy.

Dosage: Individualize for maximum beneficial effect. *Adults:* Tension, anxiety and psychoneurotic states, 2 to 10 mg b.i.d. to q.i.d.; alcoholism, 10 mg t.i.d. or q.i.d. in first 24 hours, then 5 mg t.i.d. or q.i.d. as needed; adjunctively in skeletal muscle spasm, 2 to 10 mg t.i.d. or q.i.d.; adjunctively in convulsive disorders, 2 to 10 mg b.i.d. to q.i.d. *Geriatric or debilitated patients:* 2 to 2½ mg, 1 or 2 times daily initially, increasing as needed and tolerated. (See Precautions.) *Children:* 1 to 2½ mg t.i.d. or q.i.d. initially, increasing as needed and tolerated (not for use under 6 months).

Supplied: Valium® (diazepam) Tablets, 2 mg, 5 mg and 10 mg; bottles of 100 and 500. All strengths also available in Tel-E-Dose® packages of 1000.

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"The history of science, and in particular the history of medicine... is... the history of man's reactions to the truth, the history of the gradual revelation of truth, the history of the gradual liberation of our minds from darkness and prejudice."

–George Sarton, from "The History of Medicine Versus the History of Art"

Should nongovernment scientists and physicians play a role in drug regulation?

Opinion

Results of a questionnaire to 7000 physicians:

82.8%
Physicians should play a role

78.3%
Independent scientists should play a role

69.8%
Medical academicians should play a role

Opinion & Dialogue

Dialog

Should nongovernment scientists and physicians play a role in drug regulation?

Doctor of Medicine

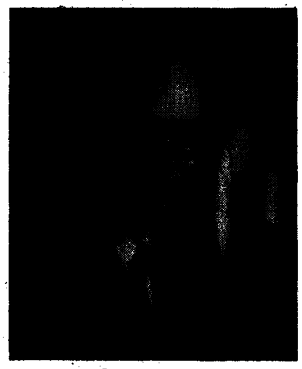
Herbert L. Ley, Jr., M.D., M.P.H., Formerly Commissioner, F.D.A. (1968-1969) Currently Medical Consultant

In order for drug regulation to be effective, participation in the regulatory process from nongovernment physicians and scientists must be encouraged. Without such involvement, there will continue to be a high degree of controversy surrounding any regulations promulgated by the Food and Drug Administration.

There are two areas in which participation and communication by nongovernment physicians and scientists could significantly improve the process of regulation. First, scientists and physicians throughout the country could become involved in consulting relationships with the Food and Drug Administration in important scientific areas while regulatory policies are being evolved. If nongovernment professionals could bring their expertise and experience to bear early in the decision-making process, they would have less reason to criticize the final outcome.

Secondly, practicing physicians, academic physicians, and academic-based scientists could make it their business to comment on proposed regulations appearing in the Federal Register. Ideally, a system could be instituted whereby medical, scientific and technical people could see the Federal Register regularly, and provide the Food and Drug Administration with a body of opinion that has so far gone unheard. The FDA is caught among pressures from industry, Congress, the Presidential Administration and consumers. It should also feel pressures from practicing physicians and scientists.

In order to become more involved in these stages of the drug regulatory process, nongovernment physicians and scientists should begin to exercise their influence through their respective professional organizations,



state and national medical societies, and specialty groups. Logically, a letter from these organizations representing a collective opinion has far greater weight in the regulatory process than individual letters. If the Food and Drug Administration receives opinions from these organizations early, before a regulation gets into the Federal Register, they are in a good position to respond with further study and review. Without such dissenting opinions, there is very little incentive to make changes in proposed regulations.

One instance in which practitioners did influence drug regulatory affairs in this way is the recent controversy that arose over the legitimacy of drug combinations. The strong opinion of practitioners on the value of such medication in clinical practice played a very prominent role in making the Food and Drug Administration modify its rather restrictive policy.

Another way in which practitioners can effectively influence drug regulations is by working with drug manufacturers conducting clinical trials of chemotherapeutic agents. When a drug is rated other than effective it may only mean that there is a lack of controlled clinical evidence as to efficacy. Thus, physicians might offer to conduct clinical studies that could help keep a truly effective drug in the marketplace. The treatment of diseases such as diabetes and angina are areas where the practitioner can aid in clinical studies because patients suffering from these diseases are rarely found in the conventional hospital setting.

By working with ethically and scientifically sound study designs in his everyday practice, the practitioner could begin to play an important part in determining official ratings on drug efficacy.

Nongovernment physicians and scientists and the FDA should also improve their lines of communication to the public. The medical community must develop a voice every bit as loud as that of the consumerists, the press, and others who sometimes criticize without complete information. If not, much of what the medical community *and* federal regulators do will often be represented in simplistic and somewhat misleading terms.

One illustration of the misuse of the media in this regard is the recall of anticoagulant drugs several years ago. This FDA action was given publicity by the press and television that went far beyond its probable importance. The result was a very uncomfortable situation for the practitioner who had patients taking these medications. Since the practitioner and pharmacist had not been informed of the action by the time it was publicized, in most states they were deluged with calls from worried patients.

The practitioner can attempt to solve these problems of inadequate communication in several ways. One would be the creation of a communications line in state pharmacy societies. When drug regulation news is to be announced, the society could immediately distribute a message to every pharmacist in the state. The pharmacist, in turn, could notify the physicians in his local community so that he and the physician could be prepared to answer inquiries from patients. Another approach would be to use professional publications the practitioner receives.

All of this leads back to my opening contention: if drug regulation is to be effective, timely, and related to the realities of clinical practice, a better method of communication and feedback must be developed between the nongovernmental medical and scientific communities and the regulatory agency.

ue

Maker of Medicine

Henry W. Gadsden, Chairman & Chief Executive Officer, Merck & Co., Inc.

In my opinion, it is the responsibility of all physicians and medical scientists to take whatever steps they think are desirable in a law- and regulation-making process that can have far-reaching impact on the practice of medicine. Yet many events in the recent past indicate that this is not happening. For example, it is apparent from drug efficacy studies that the NAS/NRC panels gave little consideration to the evidence that could have been provided by practicing physicians.

There are several current developments that should increase the concern of practicing physicians about drug regulatory affairs. One is the proliferation of malpractice claims and litigation. Another is the effort by government to establish the relative efficacy of drugs. This implies that if a physician prescribes a drug other than the "established" drug of choice, he may be accused of practicing something less than first-class medicine. It would come perilously close to federal direction of how medicine should be practiced.

In order to minimize this kind of arbitrary federal action, a way must be found to give practitioners both voice and representation in government affairs. Government must be caused to recognize the essentiality of seeking their views. One of the difficulties today, however, is that there is no way for concerned practitioners to participate in the early stages of decision-making processes. They usually don't hear about regulations until a proposal appears in the Federal Register, if then. By that time a lot of concrete has been poured, and a lot of boots are in the concrete.

Physicians in private practice, and particularly clinicians, should press for representation on the advisory committees of the Food and Drug Administration, joining with academic and teaching hospital physicians and scientists who are already serving. Though practitioners may not have access to all available information, the value of their clinical experience should be recognized. Clinicians, for example, rightly remind us that difficulty in *proving* precise effects does not necessarily mean a drug is ineffective.

Unless practitioners are more involved in drug regulations, it will be increasingly difficult for the pharmaceutical industry and scientists elsewhere to make optimal progress in drug development. The benefit/risk ratio must be re-emphasized, and as part of this it must be acknowledged that benefit can come from the judgments of medical science as a whole. Even this concept, unfortunately, is not always accepted in drug regulatory processes. For example, if current medical opinion holds that an excess of total lipids and cholesterol in the blood is probably predisposing to atherosclerosis, and if a drug is discovered which reduces total lipids and cholesterol, the drug ought to be accepted *prima facie* as a contribution to medical science . . . until someone disproves the theory. The sponsor should not have to prove the theory as well as to develop and test the drug.

I feel a major new effort must also be made to erase the feeling of mistrust of medicine and of medicines that seems to be growing in the public consciousness. Triggered primarily by strident announcements in Washington, people are reading and hearing confidence-shaking things almost continuously. Although challenge and awareness are essential to medical advancement, our long-term goal is constructively to build, not destroy. This means strengthening patient-physician relationships based on mutual confidence and trust. And in matters of health policy, it means working toward participatory rather than adversary proceedings—where everyone with an interest and a capacity to contribute has an opportunity to be heard . . . and, if that opportunity is not spontaneously afforded him, he may seek it.

Opinion & Dialogue

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(Continued on page 50)

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Indications: For prevention and treatment of angina pectoris.

Contraindication: Idiosyncrasy to this drug.

Warnings: Data supporting the use of nitrites during the early days of the acute phase of myocardial infarction (the period during which clinical and laboratory findings are unstable) are insufficient to establish safety.

Precautions: Intraocular pressure is increased; therefore, caution is required in administering to patients with glaucoma. Tolerance to this drug and cross-tolerance to other nitrites and nitrates may occur.

Adverse Reactions: Cutaneous vasodilation with flushing. Headache is common and may be severe and persistent. Transient episodes of dizziness and weakness as well as other signs of cerebral ischemia associated with postural hypotension may occasionally develop. This drug can act as a physiological antagonist to norepinephrine, acetylcholine, histamine, and many other agents. An occasional individual exhibits marked sensitivity to the hypotensive effects of nitrite, and severe responses (nausea, vomiting, weakness, restlessness, pallor, perspiration and collapse) can occur even with the usual therapeutic dose. Alcohol may enhance this effect. Drug rash and/or exfoliative dermatitis may occasionally occur.

Consult direction circular before prescribing.

1. Edelman, B.A., Contractor, A.M., and Shangraw, R.F.: The stability of hypodermic tablets of nitroglycerin packaged in dispensing containers, J. Amer. Pharm. Ass. NS11:30 (January) 1971.

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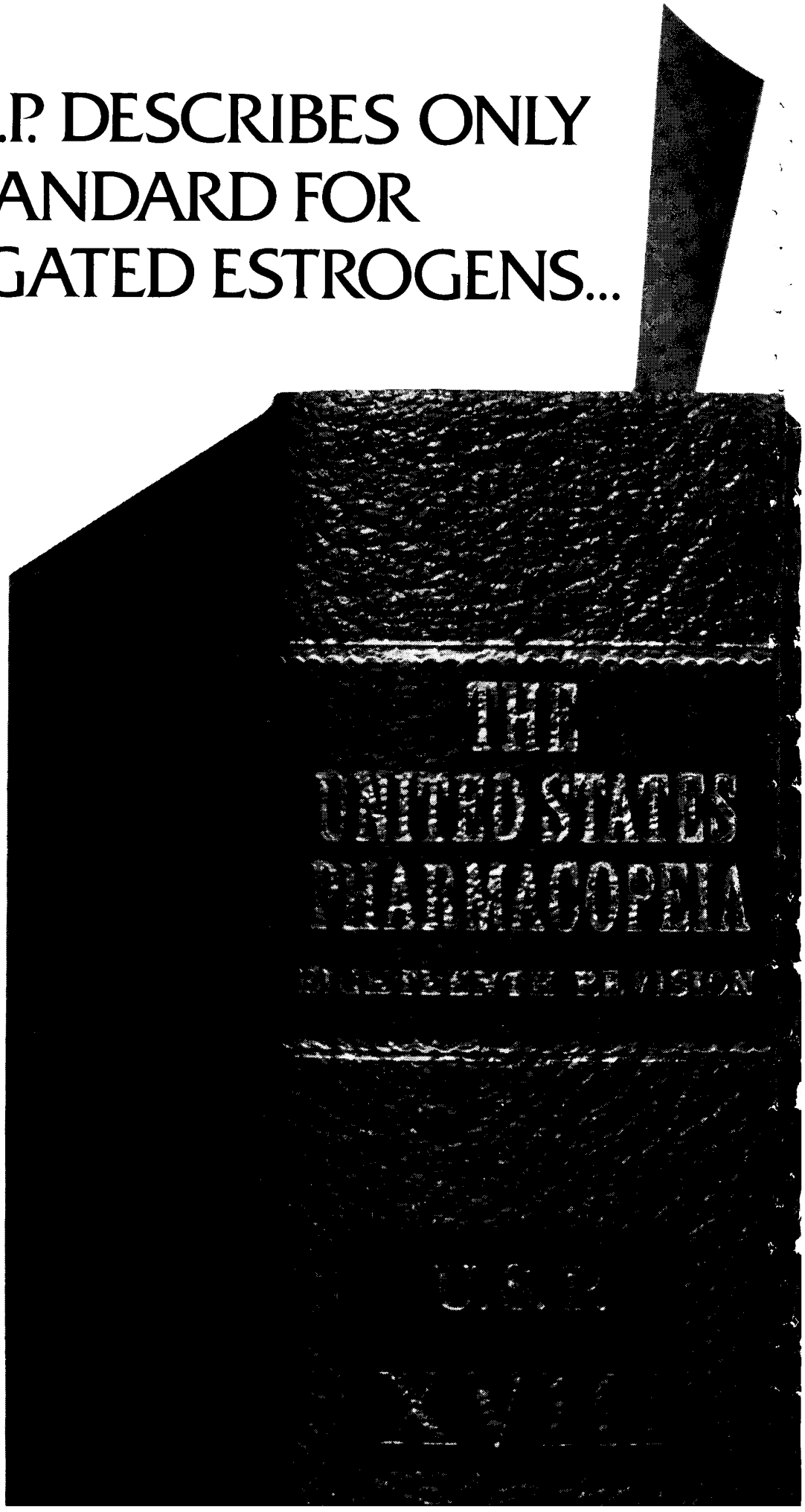

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In the latest edition of the United States Pharmacopeia—*an "official compendium" of drug potency, quality, and purity*—there is now a clear distinction made between conjugated estrogens and other estrogens. And of the leading estrogen preparations available today, PREMARIN is the only one whose composition meets all of the U.S.P. specifications for conjugated estrogens.

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BRIEF SUMMARY

(For full prescribing information, see package circular.)

PREMARIN® (Conjugated Estrogens Tablets, U.S.P.)

Indications: PREMARIN provides specific replacement therapy in the management of estrogen deficiency states, notably in the menopause and postmenopause.

Precautions: *In the female:* To avoid continuous stimulation of breast and uterus, cyclic therapy is recommended (3 week regimen with 1 week rest period—Withdrawal bleeding may occur during this 1 week rest period).

Failure to control breakthrough bleeding or unexpected recurrence is an indication for curettage.

In the male: Continuous therapy over prolonged periods of time may produce gynecomastia, loss of libido, and testicular atrophy.

Dosage and Administration: Cyclic administration is recommended (3 weeks of daily estrogen therapy and 1 week off).

If patient has not menstruated within last two months or more, cyclic administration is started arbitrarily. If patient is menstruating, cyclic administration is started on day 5 of bleeding.

If breakthrough bleeding occurs (bleeding or spotting during estrogen therapy), increase estrogen dosage as needed to stop bleeding. In the following cycle, the dosage level which was employed for hemostasis should be used for daily administration. In subsequent cycles, the estrogen dosage is gradually reduced to the lowest level which will maintain the patient symptom-free. (See Precautions.)

Menopause (natural or artificial)—PREMARIN 1.25 mg. daily, cyclically. Adjust dosage upward or downward according to severity of symptoms and response of the patient. For maintenance, adjust dosage to lowest level that will provide effective control. Many clinicians favor continuing cyclic estrogen replacement therapy throughout the postmenopause as a protective influence against accelerated degenerative changes at the cellular level.

Postmenopause—(If uterus is intact the patient is considered postmenopausal from one year after cessation of menstruation to end of life span.) If the presenting symptoms are those of the menopause, see above for dosage. As a protective measure against premature degenerative changes in bone and cellular metabolism (*e.g.* atrophic vaginitis, osteoporosis), give PREMARIN daily and cyclically. Adjust dosage to lowest effective but subbleeding level.

Estrogen Deficient Atrophic Vaginitis, Kraurosis Vulvae, and Pruritus Vulvae—1.25 mg. to 3.75 mg. daily, or more, cyclically—depending on the tissue response of the individual patient.

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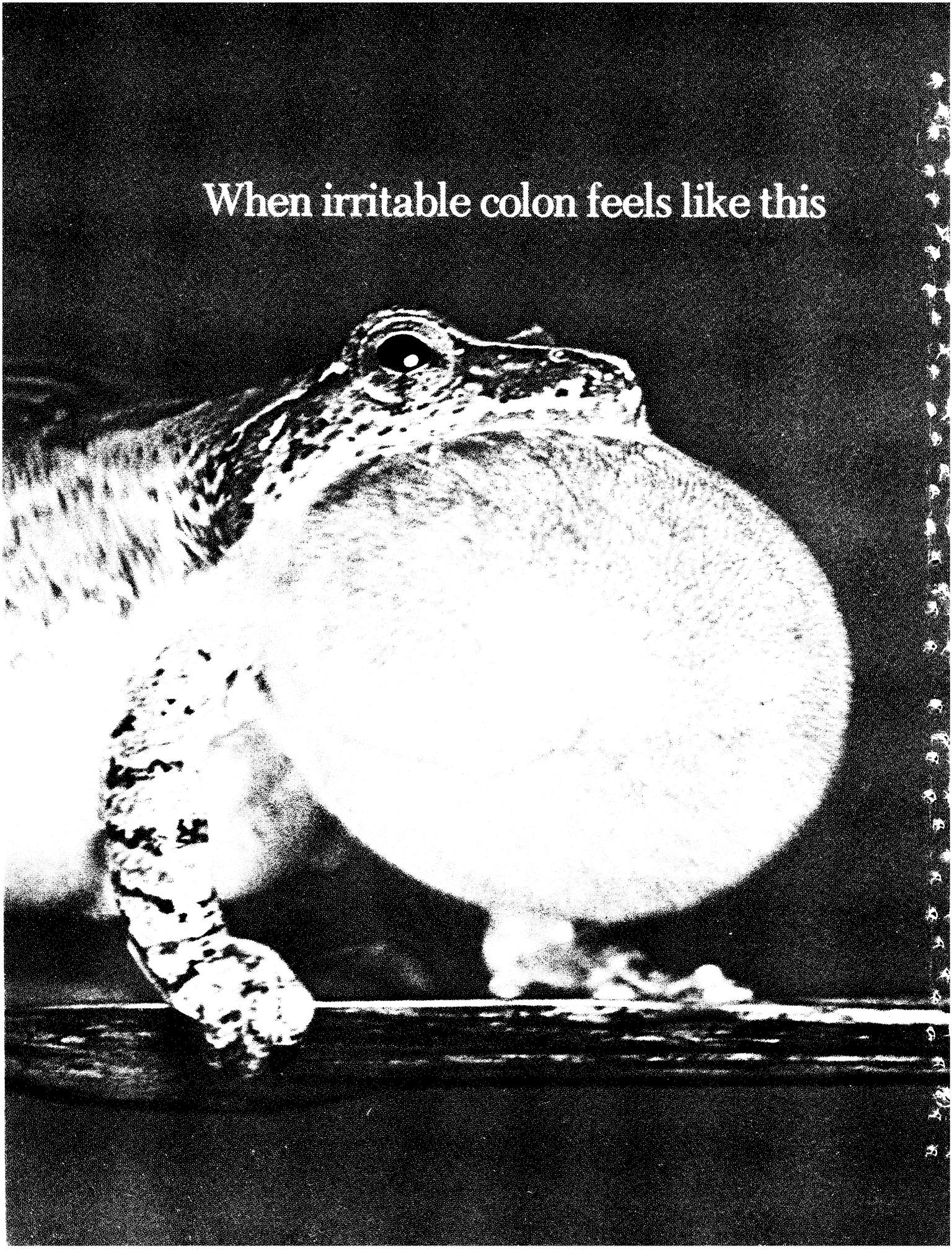
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Contraindications: Hypersensitivity to barbiturates or belladonna alkaloids, glaucoma, advanced renal or hepatic disease.
Precautions: Administer with caution to patients with incipient glaucoma, bladder neck obstruction or urinary bladder atony. Prolonged use of barbiturates may be habit-forming.
Side effects: Blurred vision, dry mouth, dysuria, and other atropine-like side effects may occur at high doses, but are only rarely noted at recommended dosages.
Dosage: Adults: One or two tablets three or four times daily. Dosage can be adjusted depending on diagnosis and severity of symptoms. Children 2 to 12 years: One half or one tablet three or four times daily. Tablets may be chewed or swallowed with liquids.

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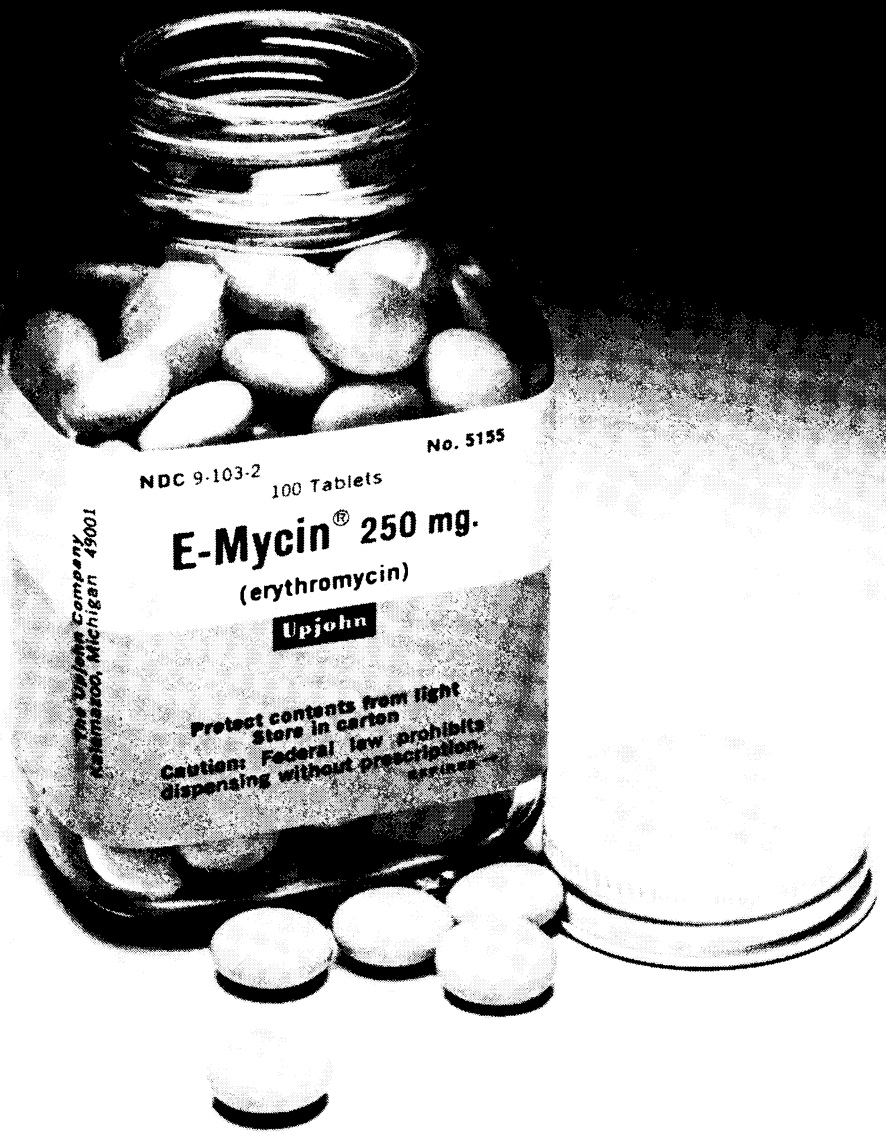

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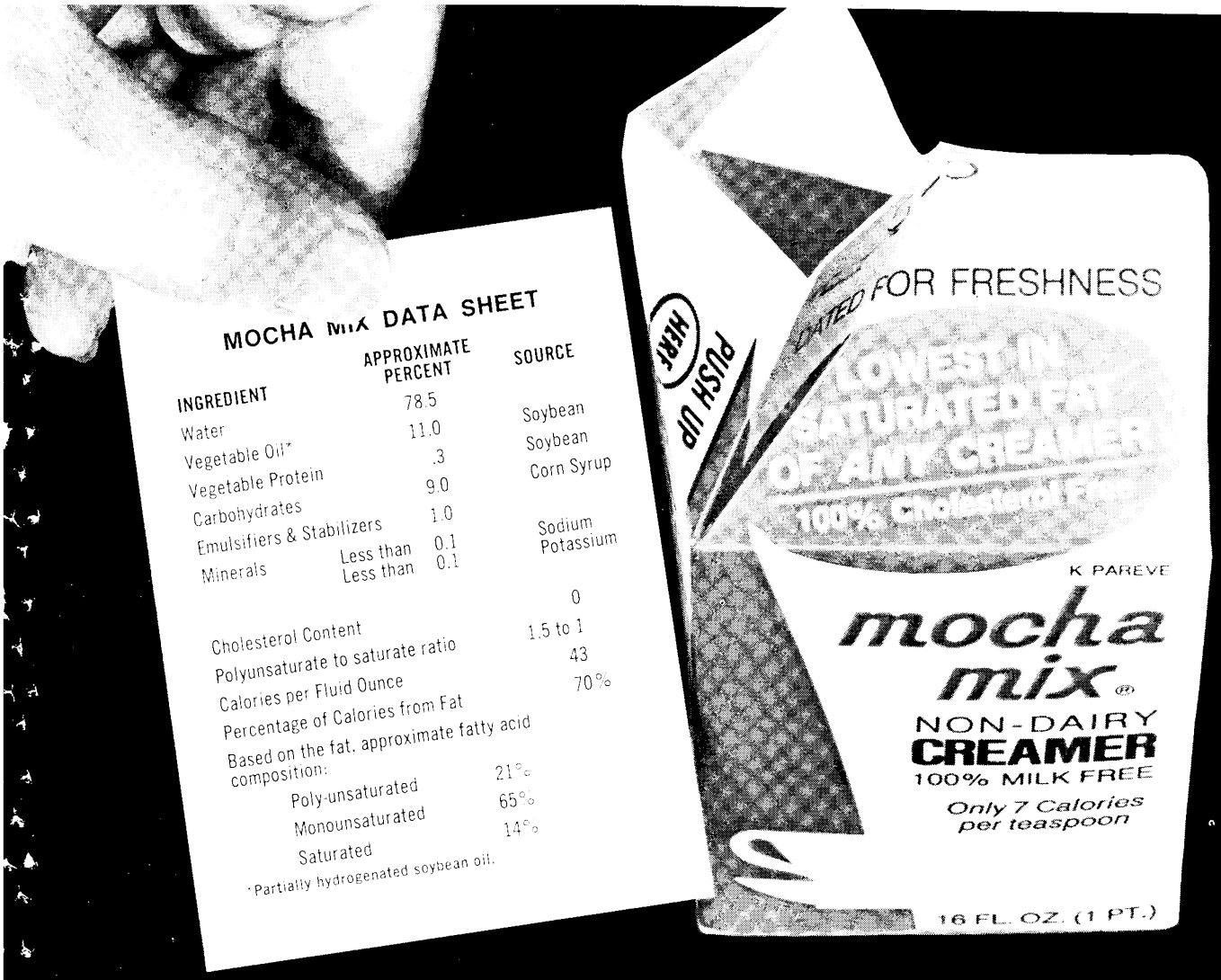

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CEROSE® for relief of coughs due to colds, whenever an antitussive formulation having sedative, decongestant, antihistaminic, and expectorant actions is required

Each 5-cc. teaspoonful contains: codeine phosphate, 10.0 mg. (*Warning:* May be habit forming); phenindamine tartrate, 10.0 mg.; phenylephrine hydrochloride, 5.0 mg.; fluidextract of ipecac, 0.17 minim; glycerin, 40 minims; potassium guaiacolsulfonate, 86 mg.; sodium citrate, 3 grains; citric acid, 1 grain; in a palatable, grape-flavored base, alcohol 2½%

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Sporostacin TRADEMARK **CREAM**

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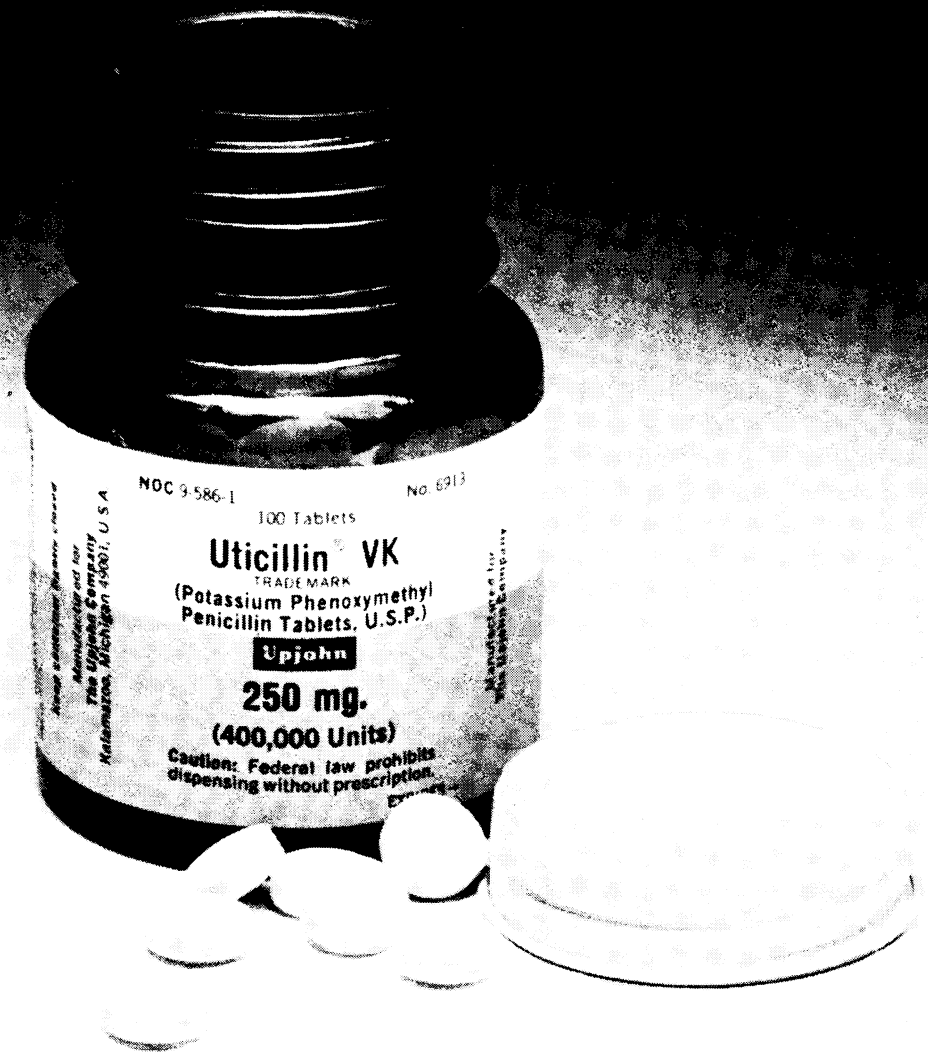

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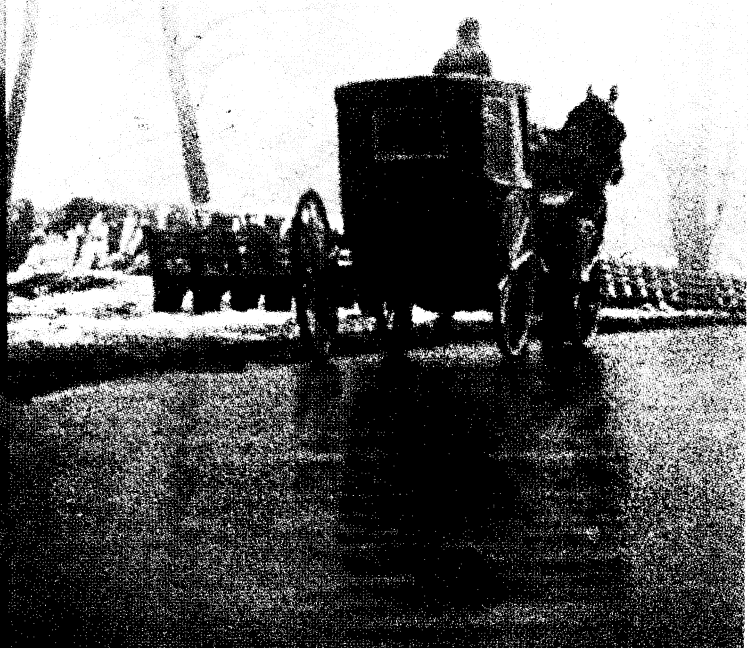
Indianapolis, Indiana



From 1961 to 1972 physicians have prescribed more Synalar® (fluocinolone acetonide) than any other brand of topical corticosteroid.

THANK YOU.

Synalar®
(fluocinolone acetonide)

Description — SYNALAR® OINTMENT 0.025% — contains 0.025% fluocinolone acetonide in white petrolatum.

SYNALAR® CREAM 0.025% and SYNALAR® CREAM 0.01% — contain respectively, 0.025% and 0.01% fluocinolone acetonide, in a water-washable aqueous base of stearic acid, propylene glycol, sorbitan monostearate, sorbitan monooleate, polyoxyethylene sorbitan monostearate, and citric acid with methylparaben and propylparaben as preservatives.

SYNALAR® EMOLLIENT CREAM 0.025% contains 0.025% fluocinolone acetonide in a water-washable aqueous base of stearyl alcohol, cetyl alcohol, mineral oil, propylene glycol, sorbitan monostearate, polyoxyethylene sorbitan monostearate, and citric acid with thimerosal as a preservative.

SYNALAR® SOLUTION 0.01% contains 0.01% fluocinolone acetonide in propylene glycol and citric acid.

Action — Topical steroids are primarily effective because of their anti-inflammatory, antipruritic and vasoconstrictive actions.

Indications — Synalar (fluocinolone acetonide) preparations are intended for topical application for symptomatic relief and adjunctive management of acute and chronic corticosteroid-responsive dermatoses.

Contraindications — Topical steroids are contraindicated in vaccinia and varicella.

Topical steroids are contraindicated in those patients with a history of hypersensitivity to any of the components of the preparation.

Precautions — If irritation develops, Synalar preparations should be discontinued and appropriate therapy instituted.

In the presence of an infection, the use of an appropriate antifungal or antibacterial agent should be instituted. If a favorable response does not occur promptly, Synalar preparations should be discontinued until the infection has been adequately controlled.

If extensive areas are treated or if the occlusive technique is used, the possibility exists of increased systemic absorption and suitable precautions should be taken. See package insert for full prescribing information on occlusive dressing therapy.

Although topical steroids have not been reported to have an adverse effect on pregnancy, the safety of their use in pregnant females has not absolutely been established. Therefore, they should not be used extensively on pregnant patients, in large amounts, or for prolonged periods of time.

Synalar preparations are not for ophthalmic use.

Adverse Reactions — The following local adverse reactions have been reported with topical corticosteroids: burning sensations · itching · irritation · dryness · folliculitis · acneform eruptions · hypopigmentation.

The following may occur more frequently with occlusive dressings than without such therapy: maceration of the skin · secondary infection · skin atrophy · striae · miliaria.

In some patients with dry lesions, the solution may increase dryness, scaling or itching. Application to denuded or fissured areas may produce a burning or stinging sensation. If burning and stinging persist, and the dematitis has not improved, use of the solution should be discontinued.

These preprations are available on prescription only.

SYNALAR® CREAM 0.01%
(fluocinolone acetonide)
15, 45, 60 gm. Tubes
120, 425 gm. Jars

SYNALAR® CREAM
0.025%
(fluocinolone acetonide)
5, 15, 60 gm. Tubes
120, 425 gm. Jars

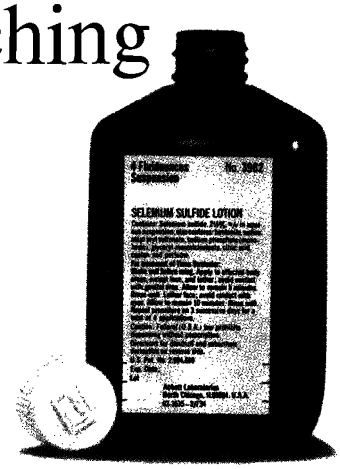
SYNALAR® OINTMENT
0.025%
(fluocinolone acetonide)
15, 60 gm. Tubes
425 gm. Jars

SYNALAR® EMOLLIENT CREAM 0.025%
(fluocinolone acetonide)
15, 60 gm. Tubes

SYNALAR® SOLUTION
0.01%
(fluocinolone acetonide)
20, 60 cc. Plastic Bottles
60 cc. Roll-Top Applicator

SYNTEX
SYNTEX LABORATORIES, INC.
PALO ALTO, CALIFORNIA 94304

When your diagnosis is seborrheic dermatitis of the scalp, the classic drug for controlling scaling and itching is Selsun®(SELENIUM SULFIDE LOTION)



Precautions and side effects: Keep out of the eyes, burning or irritation may result. Avoid application to inflamed scalp or open lesions. Occasional sensitization may occur. Rinse well.

Contains: Selenium sulfide, 2½%, w/v in aqueous suspension: also contains: bentonite, alkyl aryl sulfonate, sodium phosphate, glyceryl monoricinoleate, citric acid and perfume. ABBOTT

Now, measure blood glucose with laboratory precision... office convenience

Blood-glucose determinations—as dependable as those obtained with sophisticated laboratory systems—are now possible right in your office with AMES™ Reflectance Meter and DEXTROSTIX® Reagent Strips.

Utilizing photoelectric cells to measure the color change in a reacted DEXTROSTIX Reagent Strip, AMES Reflectance Meter converts the measurement electronically to a precise numerical reading on a meter scale with a range of 10 to 1000 mg%. Test interpretations are totally objective and determinations quantitative. All in as little as 75 seconds, and with only a single drop of whole blood. Let us prove to you that high-precision testing is practical in your office for only a modest investment. Use the coupon below.

Ames™ Reflectance Meter with Dextrostix®
Reagent Strips

Meter scale ranges:
- 10-70 mg/100 ml Blood Glucose
- 70-180 mg/100 ml Blood Glucose
- 180-1000 mg/100 ml Blood Glucose

Ames Company
Division Miles Laboratories, Inc.
Elkhart, Indiana 46514 Dept. 1479

Gentlemen: Send me more information about in-office blood-glucose testing with AMES™ Reflectance Meter/DEXTROSTIX®.

☐ I'd also like a demonstration.

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Address _____

City _____

State _____ Zip Code _____

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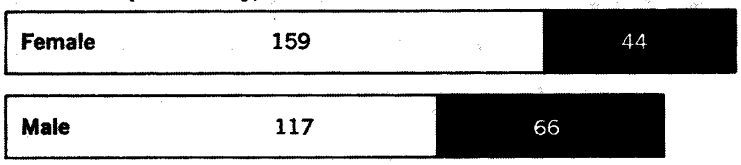
What it means to live and work in Tipton County, Tennessee

Persons who are white and over 40 have one chance in four of having solar keratoses... which may be premalignant

An epidemiologic study* conducted in Tipton County, Tennessee, revealed that 28.5% of white persons over 40 had solar keratoses; most had multiple lesions. Cluster sampling projected an estimated prevalence of 32.5% for white males and 19.5% for white females.

Though this is an unusually high percentage of affected persons, these lesions can occur in any white population, wherever people work or play out of doors.

Prevalence of solar keratoses in white persons over 40 in Tipton County, Tennessee



*Data on file, Hoffmann-La Roche Inc., Nutley, New Jersey.

Solar, actinic, senile keratoses

Called by many names, the typical lesion is flat or slightly elevated, brownish or reddish in color, papular, dry, adherent, rough, sharply defined; usually multiple lesions, chiefly on exposed portions of the skin.

Sequence/selectivity of response

Erythema in areas of lesions may begin after several days of therapy; height of reaction (only in affected areas)* usually occurs within two weeks, declining after discontinuation of therapy. Since this response is so predictable, lesions that do not respond should be biopsied to rule out the presence of a frank neoplasm.

Cosmetic results

Cosmetic results are highly favorable. Incidence of scarring is low—important with multiple facial lesions. Efudex should be applied with care near the eyes, nose and mouth.

5% cream–a Roche exclusive

Only Roche formulates the 5% cream... high in patient acceptability... high in clinical efficacy, especially for lesions of hands and forearms... economical.

Before prescribing, please consult complete product information, a summary of which follows:

Indications: Multiple actinic or solar keratoses.

Contraindications: Patients with known hypersensitivity to any of its components.

Warnings: If occlusive dressing used, may increase inflammatory reactions in adjacent normal skin. Avoid prolonged exposure to ultraviolet rays. Safe use in pregnancy not established.

Precautions: If applied with fingers, wash hands immediately. Apply with care near eyes, nose and mouth. Lesions failing to respond or recurring should be biopsied.

Adverse Reactions: Local—pain, pruritus, hyperpigmentation and burning at application site most frequent; also dermatitis, scarring, soreness and tenderness. Also reported—insomnia, stomatitis, suppuration, scaling, swelling, irritability, medicinal taste, photosensitivity, lacrimation, leukocytosis, thrombocytopenia, toxic granulation and eosinophilia.

Dosage and Administration: Apply sufficient quantity to cover lesion twice daily with nonmetal applicator or suitable glove. Usual duration of therapy is 2 to 4 weeks.

How Supplied: Solution, 10-ml drop dispensers—containing 2% or 5% fluorouracil on a weight/weight basis, compounded with propylene glycol, tris(hydroxymethyl)aminomethane, hydroxypropyl cellulose, parabens (methyl and propyl) and disodium edetate.

Cream, 25-Gm tubes—containing 5% fluorouracil in a vanishing cream base consisting of white petrolatum, stearyl alcohol, propylene glycol, polysorbate 60 and parabens (methyl and propyl).

an alternative to conventional therapy

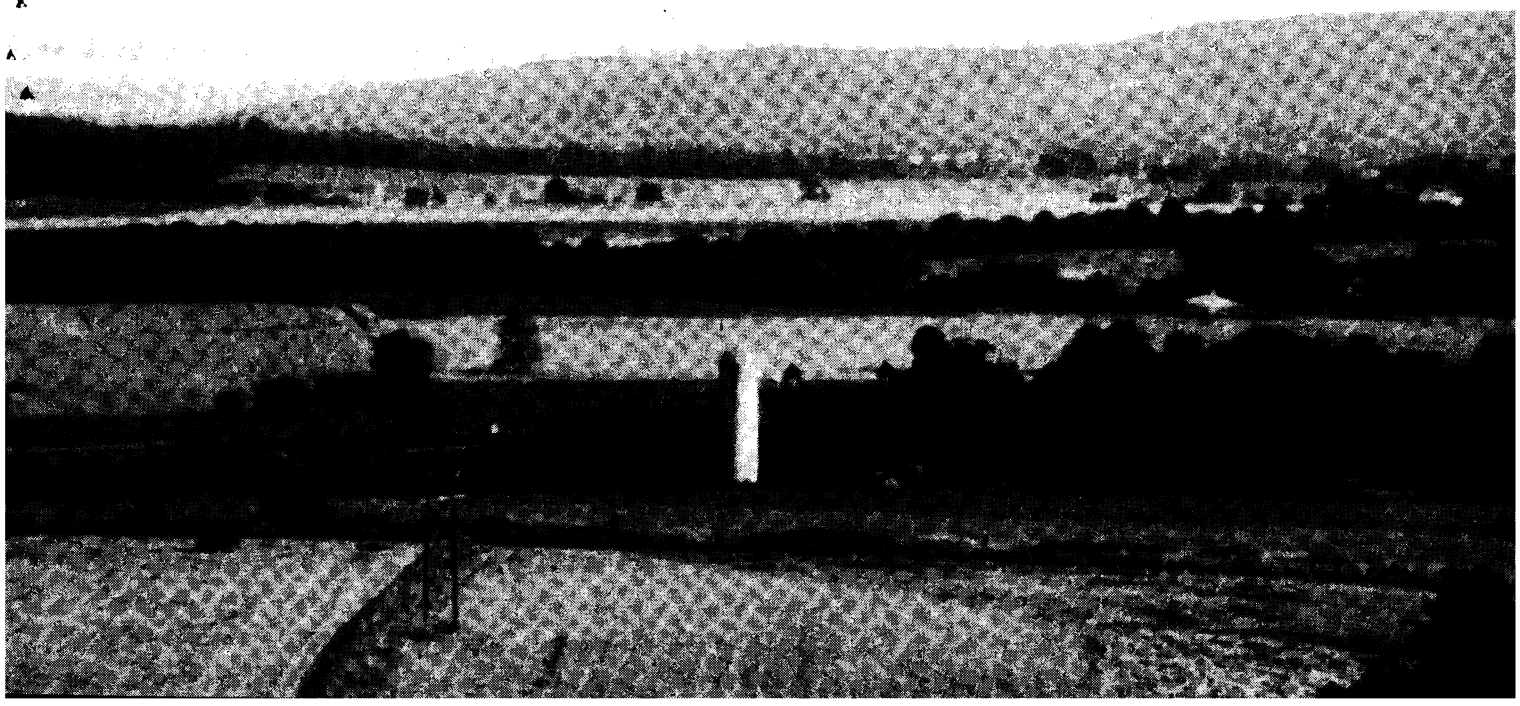
Efudex®

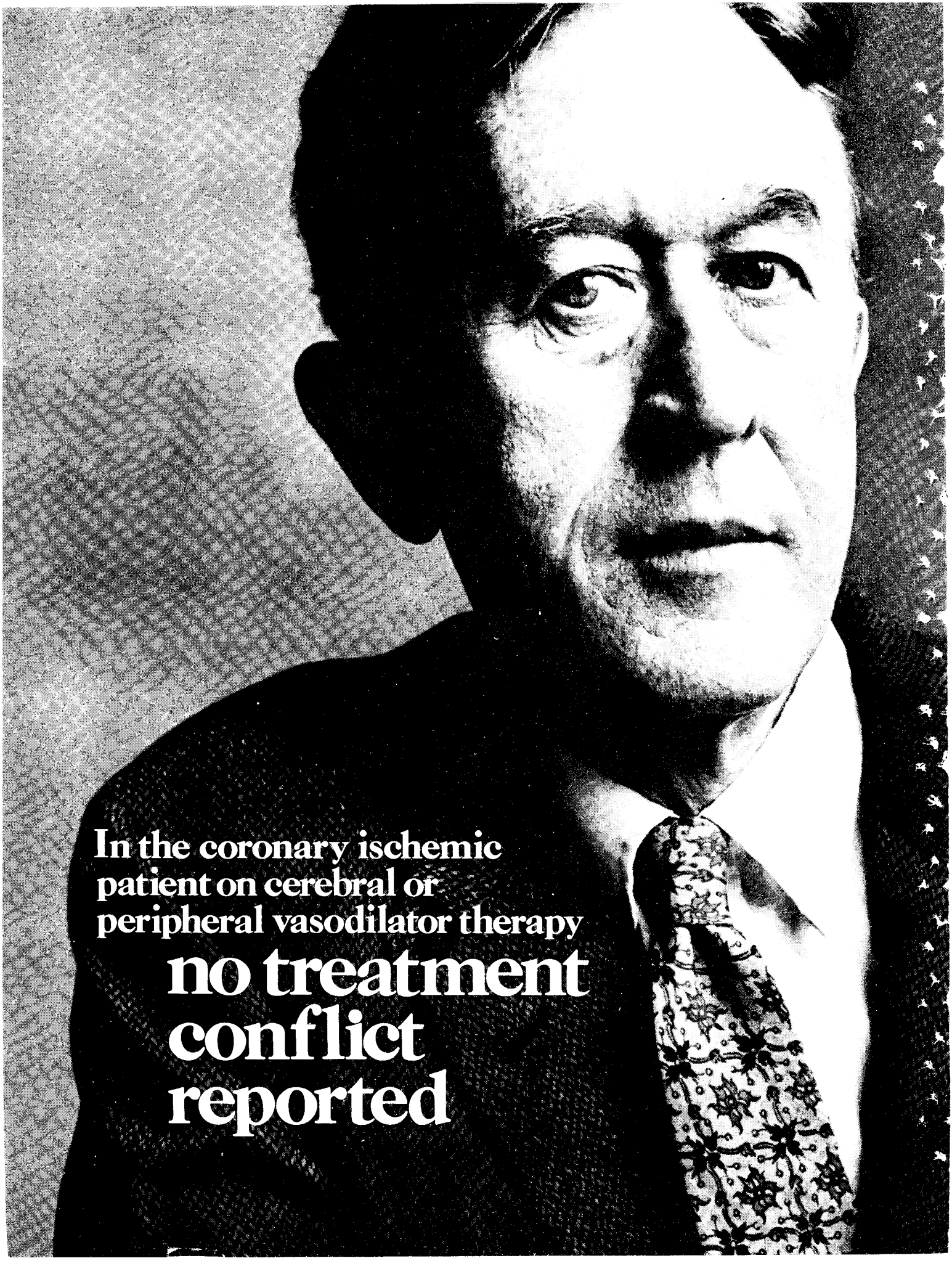
(fluorouracil)

cream/solution

ROCHE

Roche Laboratories
Division of Hoffmann-La Roche Inc.
Nutley, N.J. 07110




In the coronary ischemic patient on cerebral or peripheral vasodilator therapy
no treatment conflict reported

VASODILAN®
(ISOXSUPRINE HCl)
the compatible vasodilator

- may be used in your patients with coronary insufficiency.
- conflicts have not been reported with diuretics, corticosteroids, antihypertensives or miotics.
- complications in the treatment of diabetes, hypertension, peptic ulcer, glaucoma or liver disease have not been reported.

In fact, there are no known contraindications in recommended oral doses other than it should not be given in the presence of frank arterial bleeding or immediately postpartum.

Although not all clinicians agree on the value of vasodilators in vascular disease, several investigators[1-4] have reported favorably on the effects of isoxsuprine. Effects have been demonstrated both by objective measurement[2,4] and observation of clinical improvement.[1,3]

Indications: Cerebrovascular insufficiency, arteriosclerosis obliterans, diabetic vascular diseases, thromboangiitis obliterans (Buerger's disease), Raynaud's disease, postphlebitic conditions, acroparesthesia, frostbite syndrome and ulcers of the extremities (arteriosclerotic, diabetic, thrombotic). **Composition:** VASODILAN tablets, isoxsuprine HCl 10 mg. and 20 mg. **Dosage:** Oral—10 to 20 mg. t.i.d. or q.i.d. **Contraindications and Cautions:** There are no known contraindications to recommended oral dosage. Do not give immediately postpartum or in the presence of arterial bleeding. **Side Effects:** Occasional palpitation and dizziness can usually be controlled by dosage reduction. Complete details available in product brochure from Mead Johnson Laboratories.

References: (1) Clarkson, I. S., and LePere, D. M.: Angiology *11*:190-192 (June) 1960. (2) Horton, G. E., and Johnson, P. C., Jr.: Angiology *15*:70-74 (Feb.) 1964. (3) Dhrymiotis, A. D., and Whittier, J. R.: Curr. Ther. Res. *4*:124-128 (April) 1962. (4) Whittier, J. R.: Angiology *15*:82-87 (Feb.) 1964.

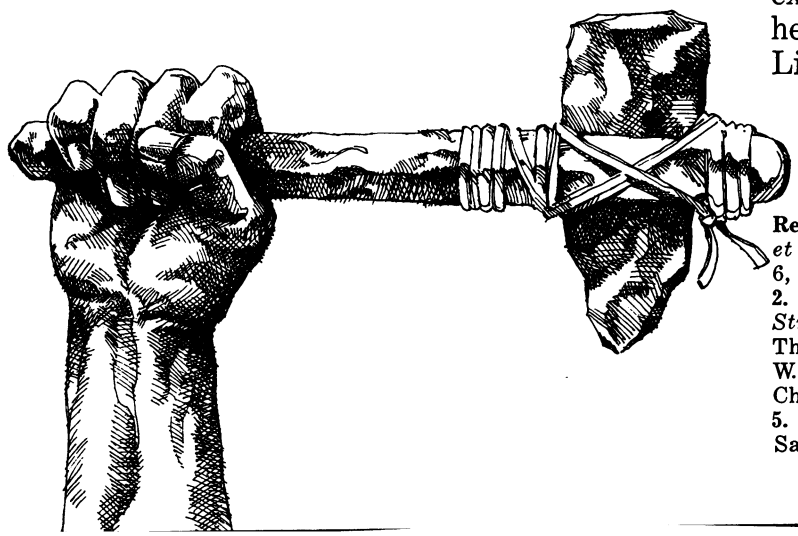
Mead Johnson LABORATORIES

IF MORE MEN CRIED

At least seventy-five out of one hundred adults with duodenal ulcers are men.[1] Why? It may be significant that duodenal ulcer patients tend to crave recognition and are especially vulnerable when their manly assertive independence is threatened.[2]

Hypersecretion—an atavistic response. One investigator, who has studied the personalities of duodenal ulcer patients, wonders if masculine competitiveness is related to man's atavistic urge to devour his adversary. It is striking, he reports, that an accentuation of gastric acid secretion and motility can be induced in patients with ulcers by discussions that stimulate feelings of inadequacy, frustration and resentment.[2]

By chance? A lean, hungry lot. Was the link between emotions and gastric hyperacidity acquired through mutation to serve a purpose? During man's jungle period of evolution, the investigator points out, a male dealt with a foe by killing and devouring it. He concludes that it may be more than coincidence that peptic ulcer patients appear to be a lean, hungry, competitive group.[3]

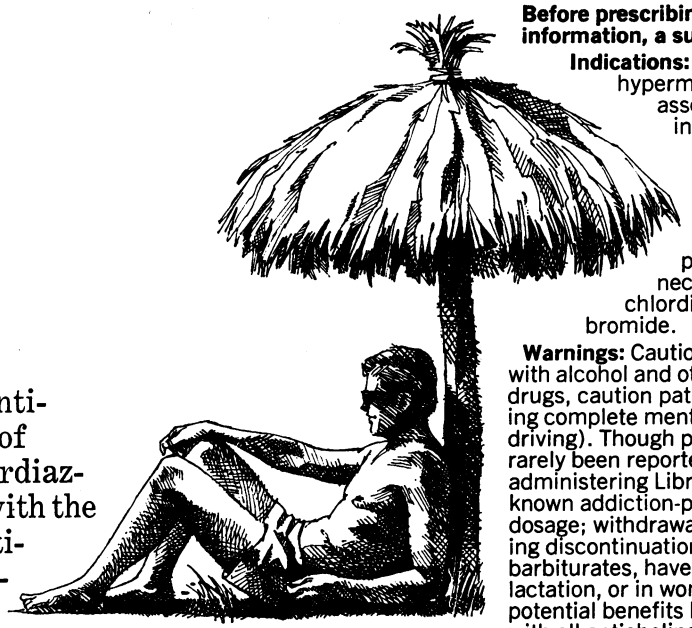


Big boys don't cry. If more men cried, maybe fewer would wind up with duodenal ulcers. But men will be men—the sum total of their genes and what they are taught. According to another clinician, when a mother admonishes her son who has hurt himself that big boys don't cry, she is teaching him stoicism.[4] Crying is the negation of everything society thinks of as manly. A boy starts defending his manhood at an early age.

Take away stress, you can take away symptoms. There is no question that stress plays a role in the etiology of duodenal ulcer. One prominent physician[5] has observed that many a man with an ulcer loses his symptoms the day he shuts up the office and starts out on a vacation. The problem is, the type of man likely to have an ulcer is the type least likely to take long vacations or take it easy at work.

The rest cure vs. the two-way action of Librax®. For most patients, the rest cure is as unrealistic as it is desirable. Still, the excessive anxiety must be dealt with. And here is where the dual action of adjunctive Librax can help. Librax is the only drug that

References: 1. Silen, W.: "Peptic Ulcer," in Wintrobe, M. M., *et al.* (eds.): *Harrison's Principles of Internal Medicine*, ed. 6, New York, McGraw-Hill Book Company, 1970, p. 1444. 2. Wolf, S., and Goodell, H. (eds.): *Harold G. Wolff's Stress and Disease*, ed. 2, Springfield, Ill., Charles C Thomas, 1968, pp. 68-69. 3. *Ibid.*, p. 257. 4. Schottstaedt, W. W.: *Psychophysiologic Approach in Medical Practice*, Chicago, Ill., The Year Book Publishers, Inc., 1960, p. 163. 5. Alvarez, W. C.: *The Neuroses*, Philadelphia, Pa., W. B. Saunders Company, 1951, p. 384.

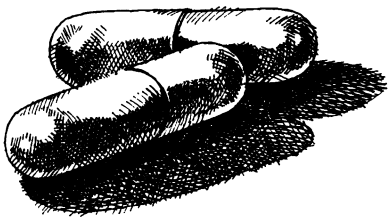


combines the anti-anxiety action of Librium® (chlordiazepoxide HCl) with the dependable anti-secretory/anti-spasmodic action of Quarzan® (clidinium Br).

Protects man from his own hungry personality. The action of Librium helps reduce excessive anxiety and thus helps protect the vulnerable patient from this type of overreaction to stress. At the same time, the action of Quarzan helps quiet the hyperactive gut, decreasing hypermotility and hypersecretion.

An inner healing environment with 1 or 2 capsules, 3 or 4 times daily. Of course, there's more to the treatment of duodenal ulcer than a prescription for Librax. The patient—with your guidance—will have to adjust to a different pattern of living if treatment is to succeed. During this adjustment period, 1 or 2 capsules of Librax 3 or 4 times daily can help establish a desirable environment for healing.

Librax: It can't change man's nature. But it can usually make it easier for men to cope with the discomfort of stress—both psychic and gastric—that can precipitate and exacerbate the symptoms of duodenal ulcer.



Before prescribing, please consult complete product information, a summary of which follows:

Indications: Symptomatic relief of hypersecretion, hypermotility and anxiety and tension states associated with organic or functional gastrointestinal disorders; and as adjunctive therapy in the management of peptic ulcer, gastritis, duodenitis, irritable bowel syndrome, spastic colitis, and mild ulcerative colitis.

Contraindications: Patients with glaucoma; prostatic hypertrophy and benign bladder neck obstruction; known hypersensitivity to chlordiazepoxide hydrochloride and/or clidinium bromide.

Warnings: Caution patients about possible combined effects with alcohol and other CNS depressants. As with all CNS-acting drugs, caution patients against hazardous occupations requiring complete mental alertness (*e.g.*, operating machinery, driving). Though physical and psychological dependence have rarely been reported on recommended doses, use caution in administering Librium (chlordiazepoxide hydrochloride) to known addiction-prone individuals or those who might increase dosage; withdrawal symptoms (including convulsions), following discontinuation of the drug and similar to those seen with barbiturates, have been reported. Use of any drug in pregnancy, lactation, or in women of childbearing age requires that its potential benefits be weighed against its possible hazards. As with all anticholinergic drugs, an inhibiting effect on lactation may occur.

Precautions: In elderly and debilitated, limit dosage to smallest effective amount to preclude development of ataxia, oversedation or confusion (not more than two capsules per day initially; increase gradually as needed and tolerated). Though generally not recommended, if combination therapy with other psychotropics seems indicated, carefully consider individual pharmacologic effects, particularly in use of potentiating drugs such as MAO inhibitors and phenothiazines. Observe usual precautions in presence of impaired renal or hepatic function. Paradoxical reactions (*e.g.*, excitement, stimulation and acute rage) have been reported in psychiatric patients. Employ usual precautions in treatment of anxiety states with evidence of impending depression; suicidal tendencies may be present and protective measures necessary. Variable effects on blood coagulation have been reported very rarely in patients receiving the drug and oral anticoagulants; causal relationship has not been established clinically.

Adverse Reactions: No side effects or manifestations not seen with either compound alone have been reported with Librax. When chlordiazepoxide hydrochloride is used alone, drowsiness, ataxia and confusion may occur, especially in the elderly and debilitated. These are reversible in most instances by proper dosage adjustment, but are also occasionally observed at the lower dosage ranges. In a few instances syncope has been reported. Also encountered are isolated instances of skin eruptions, edema, minor menstrual irregularities, nausea and constipation, extrapyramidal symptoms, increased and decreased libido—all infrequent and generally controlled with dosage reduction; changes in EEG patterns (low-voltage fast activity) may appear during and after treatment; blood dyscrasias (including agranulocytosis), jaundice and hepatic dysfunction have been reported occasionally with chlordiazepoxide hydrochloride, making periodic blood counts and liver function tests advisable during protracted therapy. Adverse effects reported with Librax are typical of anticholinergic agents, *i.e.*, dryness of mouth, blurring of vision, urinary hesitancy and constipation. Constipation has occurred most often when Librax therapy is combined with other spasmolytics and/or low residue diets.

in the treatment of duodenal ulcer

• adjunctive

Librax®

Each capsule contains 5 mg chlordiazepoxide HCl and 2.5 mg clidinium Br.

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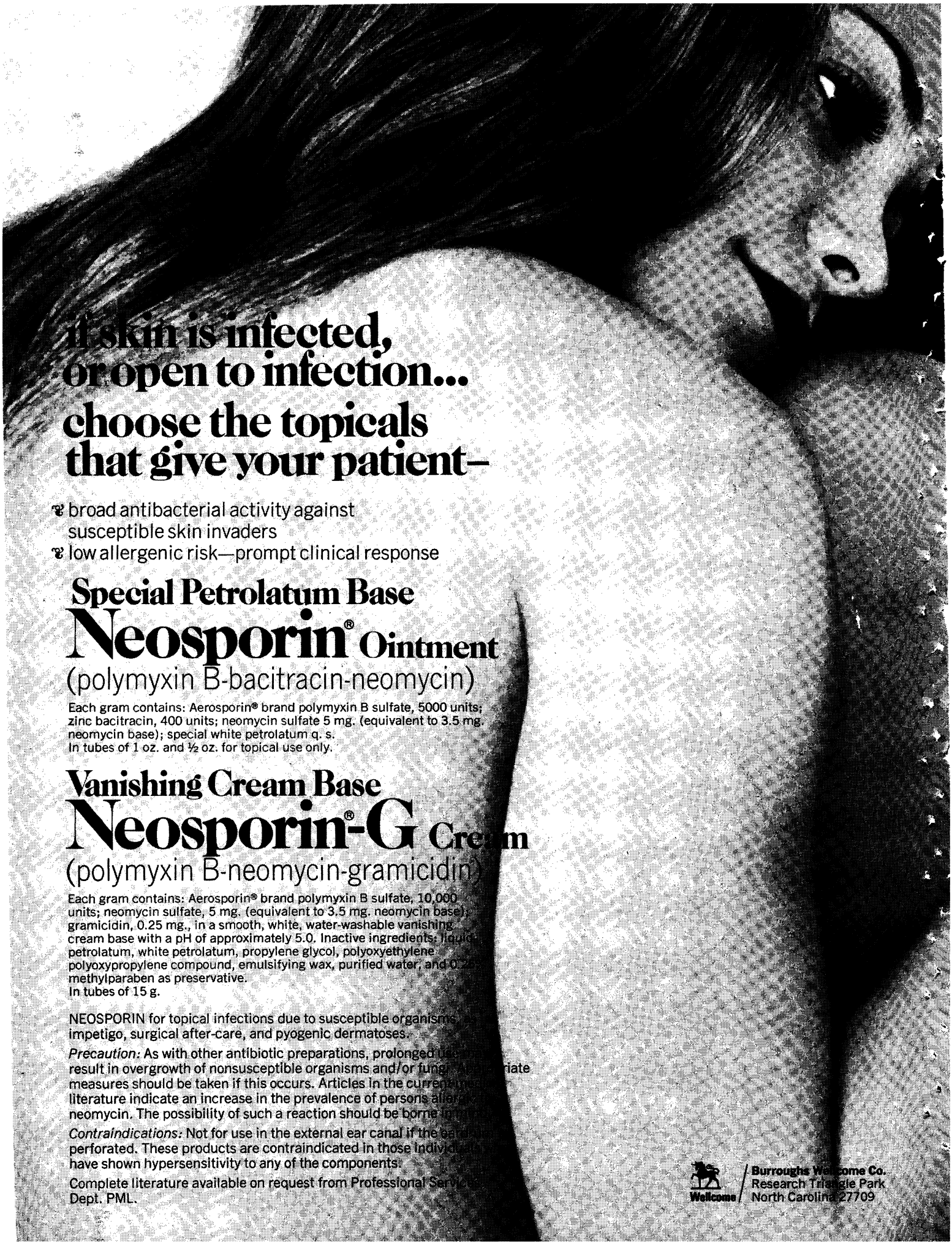

If skin is infected, or open to infection... choose the topicals that give your patient–

- broad antibacterial activity against susceptible skin invaders
- low allergenic risk—prompt clinical response

Special Petrolatum Base
Neosporin® Ointment
(polymyxin B-bacitracin-neomycin)

Each gram contains: Aerosporin® brand polymyxin B sulfate, 5000 units; zinc bacitracin, 400 units; neomycin sulfate 5 mg. (equivalent to 3.5 mg. neomycin base); special white petrolatum q. s.
In tubes of 1 oz. and ½ oz. for topical use only.

Vanishing Cream Base
Neosporin®-G Cream
(polymyxin B-neomycin-gramicidin)

Each gram contains: Aerosporin® brand polymyxin B sulfate, 10,000 units; neomycin sulfate, 5 mg. (equivalent to 3.5 mg. neomycin base); gramicidin, 0.25 mg., in a smooth, white, water-washable vanishing cream base with a pH of approximately 5.0. Inactive ingredients: liquid petrolatum, white petrolatum, propylene glycol, polyoxyethylene polyoxypropylene compound, emulsifying wax, purified water, and 0.2% methylparaben as preservative.
In tubes of 15 g.

NEOSPORIN for topical infections due to susceptible organisms in impetigo, surgical after-care, and pyogenic dermatoses.

Precaution: As with other antibiotic preparations, prolonged use may result in overgrowth of nonsusceptible organisms and/or fungi. Appropriate measures should be taken if this occurs. Articles in the current medical literature indicate an increase in the prevalence of persons allergic to neomycin. The possibility of such a reaction should be borne in mind.

Contraindications: Not for use in the external ear canal if the eardrum is perforated. These products are contraindicated in those individuals who have shown hypersensitivity to any of the components.

Complete literature available on request from Professional Service Dept. PML.

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Joint Commission on Accreditation of Hospitals

Exclusively for
ACUTE AND CHRONIC
ALCOHOLISM

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AN IN-PATIENT STOP SMOKING PLAN

Doctor: *Here's how you can help your patient stop smoking.*

Suggest that your patient investigate the St. Helena Health Center in Napa Valley. The Health Center has a unique in-patient program for smokers—with one of the highest success rates in the nation.* Patients are admitted on your recommendation and stay here for five days under medical supervision (the Center adjoins St. Helena Hospital). They receive lung function studies, physical therapy, inhalation therapy (when needed), exercise, clinical counseling, special diet (specifically planned to help avoid weight gain)—and are completely removed from the "cigarette environment" of daily life. Optional medical tests—such as chest X-ray, treadmill exercise stress test and blood analyses, are available at your request. All test results are forwarded to you for your patient's medical record.

We invite you to send the coupon below for more information.

***Continued smoking cessation after 1 year.**

St. Helena Health Center
Deer Park, California 94576
Phone (707) 963-3617

Please send me your brochure and more information on your "Stop Smoking" Plan.

Name_____

Address_____

City_____ State_____ Zip_____

T_4 IS THE PREDICTABLE HORMONE BECAUSE IT LOVES PROTEIN.

SYNTHROID® (sodium levothyroxine) is pure synthetic T_4, the major circulating thyroid hormone. It is reliable to use because of its affinity for protein-binding sites in the blood. T_3 is more fickle. Sometimes it binds. Sometimes it doesn't. T_4 more *predictably* binds to protein.

ALL THYROID-FUNCTION TESTS ARE USEFUL IN MONITORING SYNTHROID THERAPY

No calculations are needed, test interpretation is simple.

Any of the commonly used T_4 thyroid function tests (P.B.I., T_4 By Column, Murphy-Pattee, Free Thyroxine) are useful in monitoring patients on T_4 because they *all* measure T_4. Patients on SYNTHROID are thereby easy to monitor because their results will fall within predictable, elevated test ranges. Of course, clinical assessment is the best criterion of the thyroid status of the drug-treated patient.

TEST	HYPOTHYROID	SYNTHROID THERAPEUTIC NORMAL
P.B.I.	Less than 4 mcg %	6-10 mcg %
T_4 By Column	Less than 3 mcg %	7-9 mcg %
T_3 (Resin)	Less than 25%	27-35%
T_3 (Red Cell)	Less than 11%	11.5-18%
Free Thyroxine	Less than 0.7 nanograms %	0.7-2.5 nanograms %
Murphy-Pattee	Less than 2.9 mcg %	4-11 mcg %

TWO GOOD REASONS WHY THE ROAD TO NORMALIZED THYROID STATUS IS SO SMOOTH FOR THE SYNTHROID PATIENT.

(1) The onset of action of T_4 is gradual. It has a long in vivo "half-life" of over six days. (Occasional missed doses or accidental double-doses are of less concern because of this factor)[1]; (2) since SYNTHROID contains only T_4, the potential for metabolic surges traceable to more potent iodides (T_3) is eliminated.

AS WITH ANY THYROID PREPARATION, CAUTIOUS OBSERVATION OF THE PATIENT DURING THE BEGINNING OF THERAPY WILL ALERT THE PHYSICIAN TO ANY UNTOWARD EFFECTS.

Side effects, when they do occur, are related to excessive dosage. Caution should be exercised in administering the drug to patients with cardiovascular disease. Read the accompanying prescribing information for additional data or write Flint Laboratories.

Choose the Smooth Road ...to thyroid replacement therapy

PATIENTS CAN BE SUCCESSFULLY MAINTAINED ON A DRUG CONTAINING THYROXINE ALONE.

Thyroxine (T_4) is, as you know, the major circulating hormone produced by the thyroid gland. T_3 is also produced, in smaller amounts, and is active at the cellular level. For years it has been a working hypothesis among endocrinologists that T_4 is converted by the body to T_3. In 1970 this process, called "deiodination," was demonstrated by Braverman, Ingbar, and Sterling[2]. T_4 does convert to T_3, though the precise quantities are still being studied.

The conversion has been clinically demonstrated during the administration of T_4 to athyrotic patients. Their thyroid status is normalized on SYNTHROID alone, yet the presence of T_3 in these patients has been clearly shown.

WHY DOES SYNTHROID COST LESS THAN SYNTHETIC DRUGS CONTAINING T_3?

Very simple. T_3 costs more to make synthetically than does T_4. So it is economically necessary for a synthetic thyroid medication containing T_3 to cost more than one containing T_4 alone. Synthetic combinations cost patients nearly 50% more than SYNTHROID[3] because the T_3 costs more to start with; also there is the additional expense of formulating a tablet containing two active ingredients.

1. Latiolais, C. J., and Berry, C. C.: Misuse of Prescription Medications by Outpatients, *Drug Intelligence & Clin. Pharm.* 3:270-7, 1969.
2. Braverman, L. E., Ingbar, S. H., and Sterling, K.: Conversion of Thyroxine (T4) to Triiodothyronine (T3) in Athyreotic Human Subjects, *J. Clin. Invest.* 49:855-64, 1970.
3. American Druggist BLUEBOOK, March, 1971.

Synthroid®
(sodium levothyroxine)

THE FACTS ARE CLEAR AND HERE IS OUR OFFER.

FACTS:
Synthetic thyroid drugs are an improvement over animal gland products. Patients, even athyrotic ones, can be completely maintained on SYNTHROID (T_4) alone. Thyroid function tests are easy to interpret since they are *predictably* elevated when the patient adheres to SYNTHROID. Of all synthetic thyroid drugs, SYNTHROID is the most economical to the patient.

E

OFFER:
Free TAB-MINDER medication dispensers to start or convert all your hypothyroid patients to SYNTHROID. Free information to physicians on role of thyroid function tests in a new booklet titled: "Guideposts to Thyroid Therapy." Ask us.

Name _____

Address _____

City _____ State _____ Zip _____

Indications: SYNTHROID (sodium levothyroxine) is specific replacement therapy for diminished or absent thyroid function resulting from primary or secondary atrophy of the gland, congenital defect, surgery, excessive radiation, or antithyroid drugs. Indications for SYNTHROID (sodium levothyroxine) **Tablets** include myxedema, hypothyroidism without myxedema, hypothyroidism in pregnancy, pediatric and geriatric hypothyroidism, hypopituitary hypothyroidism, simple (nontoxic) goiter, and reproductive disorders associated with hypothyroidism. SYNTHROID (sodium levothyroxine) **for Injection** is indicated for intravenous use in myxedematous coma and other thyroid dysfunctions where rapid replacement of the hormone is required. The injection is also indicated for intramuscular use in cases where the oral route is suspect or contraindicated due to existing conditions or to absorption defects, and when a rapid onset of effect is not desired.

Precautions: As with other thyroid preparations, an overdosage may cause diarrhea or cramps, nervousness, tremors, tachycardia, vomiting and continued weight loss. These effects may begin after four or five days or may not become apparent for one to three weeks. Patients receiving the drug should be observed closely for signs of thyrotoxicosis. If indications of overdosage appear, discontinue medication for 2-6 days, then resume at a lower dosage level. In patients with diabetes mellitus, careful observations should be made for changes in insulin or other antidiabetic drug dosage requirements. If hypothyroidism is accompanied by adrenal insufficiency, as Addison's Disease (chronic subcortical insufficiency), Simmonds's Disease (panhypopituitarism) or Cushing's syndrome (hyperadrenalism), these dysfunctions must be corrected prior to and during SYNTHROID (sodium levothyroxine) administration. The drug should be administered with caution to patients with cardiovascular disease; development of chest pains or other aggravations of cardiovascular disease requires a reduction in dosage.

Contraindications: Thyrotoxicosis, acute myocardial infarction. **Side effects:** The effects of SYNTHROID (sodium levothyroxine) therapy are slow in being manifested. Side effects, when they do occur, are secondary to increased rates of body metabolism; sweating, heart palpitations with or without pain, leg cramps, and weight loss. Diarrhea, vomiting, and nervousness have also been observed. Myxedematous patients with heart disease have died from abrupt increases in dosage of thyroid drugs. Careful observation of the patient during the beginning of any thyroid therapy will alert the physician to any untoward effects.

In most cases with side effects, a reduction of dosage followed by a more gradual adjustment upward will result in a more accurate indication of the patient's dosage requirements without the appearance of side effects.

Dosage and Administration: The activity of a 0.1 mg. SYNTHROID (sodium levothyroxine) TABLET is equivalent to approximately one grain thyroid, U.S.P. Administer SYNTHROID tablets as a single daily dose, preferably after breakfast. In hypothyroidism without myxedema, the usual initial adult dose is 0.1 mg. daily, and may be increased by 0.1 mg. every 30 days until proper metabolic balance is attained. Clinical evaluation should be made monthly and PBI measurements about every 90 days. Final maintenance dosage will usually range from 0.2-0.4 mg. daily. In adult myxedema, starting dose should be 0.025 mg. daily. The dose may be increased to 0.05 mg. after two weeks and to 0.1 mg. at the end of a second two weeks. The daily dose may be further increased at two-month intervals by 0.1 mg. until the optimum maintenance dose is reached (0.1-1.0 mg. daily).

Supplied: Tablets: 0.025 mg., 0.05 mg., 0.1 mg., 0.15 mg., 0.2 mg., 0.3 mg., 0.5 mg., scored and color-coded, in bottles of 100, 500, and 1000. Injection: 500 mcg. lyophilized active ingredient and 10 mg. of Mannitol, N.F., in 10 ml. single-dose vial, with 5 ml. vial of Sodium Chloride Injection, U.S.P., as a diluent. SYNTHROID (sodium levothyroxine) **for Injection** may be administered intravenously utilizing 200-400 mcg. of a solution containing 100 mcg. per ml. If significant improvement is not shown the following day, a repeat injection of 100-200 mcg. may be given.

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(Continued from page 20)

PHYSICIANS WANTED

GENERAL PRACTITIONERS, INTERNISTS, SURGEONS. NEW MEDICAL COMPLEX ADJACENT TO EXPANDING 200 BED HOSPITAL serving Southeast Santa Clara Valley, California. Solo or joint practice with established group. Contact: Community Medical Center, 700 W. Parr Avenue, Los Gatos, Calif. 95129. Phone: 408-257-1155.

OUTPATIENT SERVICES PHYSICIAN—Emergency Room, combined patient care and teaching staff assignment, in Central California Teaching Hospital with 70 Resident and Intern physicians, well developed fulltime teaching and medical school consulting program. Starting salary $31,000, 40 Hours, 5 Days, 3 Weeks Vacation and other benefits. Contact Frederick M. Hebert, M.D., 445 So. Cedar Ave., Fresno, Calif. 93702, Phone (209) 251-4833.

WANTED—Young, full-time physician for Emergency Department—36,000 visits/yr. Residency and/or practice experience beyond internship prerequisite. Contact E. M. Pflueger, M.D., Director Emergency Dept., San Jose Hospitals & Health Center, Inc., 675 East Santa Clara Street, San Jose, Calif. 95114, (408) 292-3212, Ext. 320.

EXPANDING GROUP SEEKING TO ADD OPHTHALMOLOGIST, FAMILY PRACTITIONER, AND INTERNIST WITH INTEREST IN CARDIOLOGY. Other specialties will be considered. Near Sierra recreation areas and still within 3 hours of Los Angeles. John Bugay, Clinic Manager, Drummond Medical Group, Inc., 1111 W. China Lake Blvd., Ridgecrest, Ca. 93555. Phone collect (714) 446-4571.

FOSTER CITY NEEDS DOCTORS!

San Mateo County's newest and fastest growing city has 15,000 population and no doctors. A new medical-dental building now under construction at Foster City's Marin Cove shopping center will soon be ready for occupancy—completion date, October, 1972. Building overlooks lagoon. Full services to tenants include air-conditioning, utilities and janitorial. Physicians are urged to write or phone today for details. BAY AREA REALTY, George Menzoian, 1500 Hillside Boulevard, Colma, Calif. 94014. 755-6596 Evenings: 345-5006

POSITION WANTED

PATHOLOGIST: AL & CP 1963 EXPER. ALSO FORENSIC; now 3rd yr. working Direc. Regional Labs and 4 small hosps., Nova Scotia, desires firm position around Northern Calif. coast by end of 1972. Reply, California Medicine, Box 9312, San Francisco, Calif.

CALIFORNIA LICENSED RADIOLOGIST, UNIVERSITY TRAINED, OVER TEN YEARS EXPERIENCE, BOARD CERTIFIED. Diagnostic Radiology preferred. Married with children. Age 44. Box No 9309, California Medicine, San Francisco, Ca.

ASSOCIATE WANTED

WELL ESTABLISHED INCORPORATED GROUP OF SIX PSYCHIATRISTS IS SEEKING ADDITIONAL MEMBER. Many tax benefits. Write Psychiatric Medical Group, Inc., 1120 McKendrie Street, San Jose, California, 95126.

INTERNIST: SUB-SPECIALTY DESIRABLE, TO JOIN FOUR MAN INTERNAL MEDICAL GROUP in Los Angeles suburb. Salary 1st year, then partnership. West Hills Medical Group, 6325 Topanga Canyon Blvd., Woodland Hills, California, 91364.

INTERNAL MEDICINE, AGE 30-45, BOARD ELIGIBLE OR CERTIFIED. MILITARY OBLIGATION COMPLETED. 3 Board certified internists, referral and consultative practice. New hospital, ICU-CCU. Teaching position available at nearby County Hospital. Ideal living climate, 15 minutes from ocean and mountains, one hour to culture and medical centers. Contact: R.H. Gordinier, M.D., 243 March St., Santa Paula, Calif. 93060.

RESIDENCY AVAILABLE

GENERAL SURGERY RESIDENCY: APPROVED FIRST-YEAR RESIDENCY IN GENERAL SURGERY in large private hospital with university affiliation. Internship completely filled. Active clinic service and all of our prior residents have obtained excellent positions in their desired specialty. Center of Los Angeles with housing available. $1,138.00/month. May begin at any time after July 1, 1972. Reply: California Medicine, Box 9303, San Francisco, Calif.

OBSTETRICS AND GYNECOLOGY RESIDENCY: ONE FIRST YEAR POSITION IN FULLY APPROVED PROGRAM; 1,800 deliveries, 200 major GYN procedures yearly. Residents given primary responsibility, including surgery, for all patients. Supervision by clinically oriented director and Attending Staff. UCLA affiliation, six months in second year at UCLA Medical Center, Obstetrics and Gynecology Department. Women applicants invited. Salary $12,600 annually. Extra earning available in emergency room on voluntary basis. Must be eligible for California license. Contact Leroy Smale, M.D., Director, Obstetrics and Gynecology, Kern General Hospital, Bakersfield, California 93305. (805-323-7651)

SITUATION WANTED

EMERGENCY ROOM COVERAGE ON WEEKENDS PROVIDED by experienced California Licensed ER group. Reference on request. Will travel from central California area. Write: California Medicine, Box 9313, San Francisco, Calif.

RADIATION THERAPIST, DEPT. HEAD, 40, CALIF. LICENSE, WANTS TO RELOCATE in warm coastal area. Reply California Medicine, Box 9311, San Francisco, Calif.

G.P. 25 YEARS EXPERIENCE IN CALIF., INCL. O.B., SOME SURGERY, AND SOME ANESTHESIOLOGY. DESIRES RELOCATION out of Los Angeles with good hospital facilities and office for busy, remunerative practice. Willing to work hard, but also to have adequate coverage available so that time off for vacations, P.G. studies etc., is no problem. Contact: California Medicine, Box 9304, San Francisco, Calif.

BOARD CERTIFIED, WELL TRAINED WITH SUB-SPECIALTY IN INFECTIOUS DISEASES, 32, CALIF. LICENSE, seeking to join group or solo and settle in California soon. Contact: Shashi Shah MD, 639 W. Grace, Chicago, Ill. 60613. Phone: 312-327-6856.

LOCUM TENENS

JUNE THRU JULY, '72 GP OFFICE, WEEKEND AND NITE COVERAGE AVAILABLE THRU GROUP. Malpractice insurance included. Congenial working conditions in modern office with young practice adjacent to hospital with well equipped ICU and CCU. Contact J. A. Phelps, M.D., 1175 East Arrow Highway, Upland, California or call collect 714-982-8841.

PRACTICE AND EQUIPMENT FOR SALE

FOR SALE GENERAL PRACTICE. OFFICE COMPLETELY EQUIPPED. EXCELLENT CORNER LOCATION IN MISSION DISTRICT, SAN FRANCISCO. Approximately 1200 square feet, 19,000 patient records, excellent transportation and climate. Adjacent Xray and General Clinical Laboratory. Equipment priced conservatively. Reply to P.O. Box 9310, California Medicine, San Francisco, Ca.

PRACTICES FOR SALE

PHYSICIANS INTERESTED IN TAKING OVER ACTIVE MEDICAL PRACTICES in California or any other state, contact Professional Practice Sales, 17802 Irvine, Tustin, Calif. (714) 832-0230, indicating type of practice or specialty and location desired. We will put you on our free mailing list. We can locate a practice for you.

OFFICES FOR LEASE RENT OR SALE

MEDICAL SUITES AVAILABLE—NEW WING OF ESTABLISHED MEDICAL-DENTAL BLDG. OF 25 DOCTORS. Near downtown Walnut Creek—3 min. from John Muir Hosp. Internists, Orthopedists, Urologists, Otolaryngologists and Rheumatologists especially requested. Suites to suit your requirements. Please call 415-939-2424.

FOR LEASE MODERN MEDICAL SUITE IN MEDICAL COMPLEX, generalist or internist, large patient overflow. Three months free rent. 801 17th Street, Modesto, Calif. Phone: (209) 523-4916.

LEASING OFFICE SPACE in new medical-dental building adjacent to Doctors Hospital in Pinole. Ready for occupancy February, 1972. Please call (415) 758-3053.

VACATION RENTAL

HAWAIIAN (Hanalei, Kauai) VACATION BEACH HOME for only $500.00 per month. Old Hawaiian atmosphere, away from crowded beaches. Excellent skin diving, swimming and beaches. Available September 1971 through May, 1972, inclusive. Weekly rate $150.00. For details, pictures and information write Box 9194 Calif. Med

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CONTINUING MEDICAL EDUCATION ACTIVITIES IN CALIFORNIA AND HAWAII

COMMITTEE ON CONTINUING MEDICAL EDUCATION

THIS BULLETIN of information regarding continuing education programs and meetings of various medical organizations in California and Hawaii is supplied by the Committee on Continuing Medical Education of the California Medical Association. It is funded through a Health Services and Mental Health Administration grant to the California Committee on Regional Medical Programs; Grant No. 3 S02 RM-00019 01S1. In order that they may be listed here, please send communications relating to your future meetings or postgraduate courses to Committee on Continuing Medical Education, California Medical Association, 693 Sutter Street, San Francisco 94102; or phone: (415) 776-9400, ext. 241.

ALCOHOLISM AND DRUG USE

June 1-2—**Drug Abuse.** USC. Thursday-Friday.

July 10-12—**San Diego Summer School of Alcohol Studies.** UCSD. Monday-Wednesday. $60.

CANCER

May 17—**Diagnosis and Treatment of Benign and Malignant Tumors.** UCSD. Wednesday.

May 24-25—**Cancer.** USC. Wednesday-Thursday.

June 16-17—**New Concepts in Gynecologic Oncology.** USC. Friday-Saturday. 13 hrs.

September 27-29—**Seventh National Cancer Conference.** American Cancer Society and National Cancer Institute at Biltmore Hotel, Los Angeles. Monday-Wednesday. Contact: Sidney L. Arje, M.D., Vice Pres. for Prof. Educ., ACS, 219 E. 42nd St., New York 10017. (212) 867-3700.

Continuously—**Tumor Board—Harbor General Hospital.** CRMP Area IV and Harbor General Hospital at Pathology Conference Room, Harbor General Hospital, Torrance. Fridays 2-3 p.m. Advice and consultation from specialists in surgical, medical, and radiotherapeutic treatment of cancer. Practicing physicians invited to have patients presented for discussion. Contact: John Benfield, M.D., Dept. of Surgery, Harbor General Hospital, 1000 W. Carson St., Torrance 90509. (213) 328-2380, ext. 421.

COMMUNITY MEDICINE

Continuously—**Community Medicine Seminar.** UCSD. Every second Friday of the month at 12:00 noon.

MEDICINE

May 15-19—**American Industrial Hygiene Association.** At Hilton Hotel, San Francisco. Monday-Friday. $40. Sessions devoted to: aerosol technology, respirable dust sampling, air pollution and occupational medicine, analytical chemistry, engineering ventilation control, lead and ozone toxicology, carbon monoxide, and others. Contact: Mr. E. Lynn Schall, 210 Haddon Ave., Westmont, N.J. 08108. (609) 858-8800.

May 17—**Workshop: Psychiatry for Internists.** Cedars of Lebanon Hospital at Cedars of Lebanon Hospital, Los Angeles. Wednesday. $15. 6-7 hrs. Contact: Mrs. Janie Sternal, Coord., Cont. Med. Ed., Ced. of Leb. Hosp., 4833 Fountain Ave., Los Angeles 90029. (213) 662-9111, ext. 606.

May 19—**California Heart Association — 1972 Scientific Sessions for Physicians.** At Newporter Inn, Newport Beach. Friday. $20. 6 hrs. Topics include: Newer bedside diagnostic techniques, Long-term follow-up on coronary revascularization surgery, Current concepts of pharmacology and others. Contact: Mrs. Virginia Anable, Admin. Asst., CHA, 1370 Mission St., San Francisco 94103. (415) 626-0123.

KEY TO ABBREVIATIONS AND SYMBOLS

Medical Centers and CMA Contacts for Information

CMA: California Medical Association
Contact: Continuing Medical Education, California Medical Association, 693 Sutter Street, San Francisco 94102. (415) 776-9400, ext. 241.

LLU: Loma Linda University
Contact: John E. Peterson, M.D., Associate Dean for Continuing Medical Education, Loma Linda University School of Medicine, Loma Linda 92354. (714) 796-7311.

PMC: Pacific Medical Center
Contact: Arthur Selzer, M.D., Chairman, Education Committee, Pacific Medical Center, P.O. Box 7999, San Francisco 94120. (415) 931-8000.

STAN: Stanford University
Contact: John L. Wilson, M.D., Chairman on Postgraduate Education, Stanford University School of Medicine, 300 Pasteur Drive, Stanford 94305. (415) 321-1200, ext. 5594.

UCD: University of California, Davis
Contact: George H. Lowrey, M.D., Professor and Chairman, Department of Postgraduate Medicine, University of California, Davis, School of Medicine, Davis 95616. (916) 752-3170.

UCI: University of California — California College of Medicine, Irvine
Contact: Donald W. Shafer, M.D., Assistant Coordinator, Continuing Medical Education, Regional Medical Programs, University of California, Irvine —California College of Medicine, Irvine 92664. (714) 833-5991.

UCLA: University of California, Los Angeles
Contact: Donald Brayton, M.D., Associate Dean and Head, Continuing Education in Medicine and the Health Sciences, 15-39 Rehabilitation Center, UCLA Center for the Health Sciences, Los Angeles 90024. (213) 825-7241.

UCSD: University of California, San Diego
Contact: Richard A. Lockwood, M.D., Associate Dean for Health Manpower, 1310 Basic Sciences Building, University of California, San Diego, School of Medicine, La Jolla 92037. (714) 453-2000, ext. 1251

UCSF: University of California, San Francisco
Contact: Seymour M. Farber, M.D., Dean, Educational Services and Director, Continuing Education, Health Sciences, School of Medicine, University of California, San Francisco 94122. (415) 666-1692.

USC: University of Southern California
Contact: Phil R. Manning, M.D., Associate Dean, Postgraduate Division, University of Southern California School of Medicine, 2025 Zonal Avenue, Los Angeles 90033. (213) 225-1511, ext. 203.

May 25-27—**A Critical Approach to Cardiovascular Diagnosis.** PMC and the American College of Cardiology at the Jack Tar Hotel, San Francisco. Thursday-Saturday. $110, members of ACC, $145, non-members. Contact: Miss Mary Ann McInerny, Dir., Dept. of Cont. Ed. Prog., ACC, 9650 Rockville Pike, Bethesda, Md. 20014. (301) 530-1600.

May 25-27—**Cardiac Care Symposium.** Orange County Heart Association at Disneyland Hotel, Anaheim. Thursday-Saturday. Contact: Mrs. Marilyn Taylor, OCHA, 1043 Civic Center Dr., West, Santa Ana, 92703. (714) 547-3001.

May 26-27—**Immunology for the Clinician.** STAN. Friday-Saturday.

June 3—**Hematology Workshop.** Cedars of Lebanon Hospital at Cedars of Lebanon Hospital, Los Angeles. Saturday. $15. 6-7 hrs. Contact: Mrs. Janie Sternal, Coord., Cont. Med. Ed., Ced. of Leb. Hosp., 4833 Fountain Ave., Los Angeles 90029 (213) 662-9111, ext. 606.

June 17—**American Association for the Study of Headache.** At St. Francis Hotel, San Francisco. Saturday. Contact: Seymour Diamond, M.D., Exec. Sec., AASH, 5252 N. Western Ave., Chicago 60625. (312) 878-5558.

June 19—**American College of Preventive Medicine—Interim Meeting.** At Convention Hall, San Francisco. Monday. Contact: Mr. Ward Bentley, Exec. Dir., ACPM, 801 Old Lancaster Rd., Bryn Mawr, Pa. 19010. (215) 525-5460.

June 23—**Electrocardiography.** UCSF. Friday. 8 hrs.

July 1-4—**Twelfth Annual Seminar for General Practitioners.** UCLA at UCLA Conference Center, Lake Arrowhead. Saturday-Tuesday. 20 hrs.

August 13-16—**Fifteenth Annual Seminar in Internal Medicine.** UCLA. Sunday-Wednesday.

September 20—**Twelfth Annual Medical Symposium on Kidney Disease.** Kidney Foundation of Southern California at International Hotel, Los Angeles. Wednesday. $25. Contact: Leonard Gottlieb, Exec. Dir., KFSC, 5880 San Vicente Blvd., Los Angeles 90019. (213) 936-5229.

September 21-23—**Physicians Postgraduate Symposium on Heart Disease—Forty-second Annual Meeting.** San Francisco Heart Association at Hilton Hotel, San Francisco. Thursday-Saturday. $35. 18 hrs. Contact: Mrs. Frances MacKinnon, Dir., Comm. Prog., SFHA, 259 Geary St., San Francisco 94102. (415) 982-5753.

September 26-29—**Henry J.L. Marriott Electrocardiography Workshop.** Heart Association of the Redwood Empire at Santa Rosa Memorial Hospital, Santa Rosa. Tuesday-Friday. $75. 20 hrs. Contact: Phyliss Bogart, R.N., Santa Rosa Memorial Hospital, Santa Rosa 95402. (707) 546-3210, ext. 223.

Continuously—**Preceptorships in Cardiology.** American College of Cardiology and PMC. By arrangement. Contact: Arthur Selzer, M.D., PMC; or Miss Mary Ann McInerny, ACC, 9650 Rockville Pike, Bethesda, Md. 20014. (301) 530-1600.

Continuously—**Biomedical Lecture Series.** UCSD. Specified Wednesdays at 8:00 p.m. May 10—Medical Care: Art or Science. For schedule contact UCSD.

Continuously—**Cardiology for the Consultant.** USC. November 3—June 21, first and third Wednesdays of each month, 7:00-9:15 p.m. $200.

Continuously—**Joint Continuing Medical Education Programs for South Bay Hospitals.** UCSD, Bay General Hospital, Chula Vista Community Hospital, Coronado Hospital, Paradise Valley Hospital and CRMP. Programs to be held at various hospitals; contact UCSD.

Continuously—**Cardiology Lectures.** Cedars of Lebanon Hospital, Los Angeles. Wednesdays, February 9-September 1, 8:00-8:45 a.m. Contact: Mrs. Janie Sternal, Coord., Contin. Med Ed., Ced. of Leb. Hosp., 4833 Fountain Ave., Los Angeles 90029. (213) 662-9111, ext. 606.

Continuously—**Neurology Conference.** San Joaquin General Hospital, Stockton. Mondays, 10:00-11:30 a.m. in Conference Room 2. Contact: J. David Bernard, M.D., F.A.C.P., Dir. of Med. Ed., San Joaquin Gen. Hosp., Stockton 95201. (209) 982-1800.

Continuously—**Renal Conference.** San Joaquin General Hospital, Stockton. First Tuesday of each month, 11:00 a.m. to 12:00 noon, Conference Room 2. Contact: J. David Bernard, M.D., F.A.C.P., Dir. of Med. Ed., San Joaquin Gen. Hosp., Stockton 95201. (209) 982-1800.

Continuously—**Cardiology Conference.** San Joaquin General Hospital, Stockton. Every third Wednesday of the month, 10:00-11:30 a.m., Conference Room 1. Contact: J. David Bernard, M.D., F.A.C.P., Dir. of Med. Ed., San Joaquin Gen. Hosp., Stockton 95201. (209) 982-1800.

Continuously—**Seminar in Clinical and Public Health Aspects of Chest Diseases.** Harbor General Hospital and CRMP Area IV at Harbor General Hospital, Torrance. Three hour sessions on second Friday of each month, 9-12 a.m., B-3 classroom, Chest Wards. Presentation of patients demonstrating medical, social, and public health aspects of chest disease, followed by discussion of cases. Course open to physicians, nurses, social workers and personnel concerned with detection and management of patients with chest disease. No fee. Contact: Matthew Locks, M.D., Dir., Chest Ward Service, Harbor General Hospital, 1000 W. Carson St., Torrance 90509. (213) 328-2380, ext. 1245.

Continuously—**Training of Physicians in Modern Concepts of Pulmonary Care.** CRMP Area VI, LLU and Riverside General Hospital. Four weeks or more, scheduled by arrangement. Diagnostic and therapeutic methods in medical chest disease, physiological methodology of modern pulmonary care programs, use of new instrumentation in the field. 160 hrs. Contact: George C. Burton, M.D., LLU.

Continuously—**Neurological Sciences.** St. Francis Hospital of Lynwood, Lynwood. Wednesdays, 7:30-8:30 a.m. Presentations of radiological evaluations and pathological specimens of current material and review of current topics in specialty. Weekly notification of cases to be available. Contact: Ralph Miller, Admin. Asst., St. Francis Hospital of Lynwood, 3620 Imperial Hgwy., Lynwood 90262. (213) 639-5111, ext. 365.

Continuously—**Continuing Education in Internal Medicine—Harbor General Hospital.** CRMP Area IV and Harbor General Hospital at Harbor General Hospital, Torrance. Thursdays 12-1 p.m. Systematic review of internal medicine, lectures by faculty and visiting professors. Contact: A. James Lewis, M.D., Program Dir., Harbor General Hospital, 1000 W. Carson St., Torrance 90509. (213) 328-2380, ext. 647.

Continuously—**Training for Physicians in General Internal Medicine.** CRMP Area VI and LLU at LLU. Four weeks or more, scheduled by arrangement. Bedside and classroom training, practical aspects of clinical care and management. 160 hrs. Contact: LLU.

Continuously—**EKG Conference.** St. Francis Hospital of Lynwood, Lynwood. Presented the first Thursday of each month, 12:00-1:30 p.m. A presentation of cases and pathology of recent coronary patients. Contact: Ralph Miller, Admin. Asst., St. Francis Hospital of Lynwood, 3630 Imperial Hgwy., Lynwood 90262. (213) 639-5111, ext. 365.

Continuously—**Cardio-angiography Conference.** St. Francis Hospital of Lynwood, Lynwood. Presented the second and fourth Thursday of each month, 12:00-1:30 p.m. Contact: Ralph Miller, Admin. Asst., St. Francis Hospital of Lynwood, 3630 Imperial Hgwy., Lynwood 90262. (213) 639-5111, ext. 365.

Continuously—**Basic Home Course in Electrocardiography.** One year postgraduate series, ECG interpretation by mail. Physicians may register at any time. $100 (52 issues). Contact: USC.

Continuously—**Cardiology Conferences—CRMP Area III.** Monthly, 2:30-5:30 p.m. at Room M112, Stanford Medical Center, Stanford. Conferences including case presentations of local complicated cardiological problems. Contact: William J. Fowkes, Jr., M.D., 703 Welch Road, Suite G1, Palo Alto 94304. (415) 321-1200, ext. 6015.

Grand Rounds—Medicine

Tuesdays

8:30-10:00 a.m., Assembly Hall, Harbor General Hospital, Torrance. UCLA.

Neurologist in Chief Rounds. 12:30 p.m., 6 East, University Hospital of San Diego County, San Diego. UCSD.

Wednesdays

8:00 a.m., A Level Amphitheater, LLU Hospital, LLU.

1st Wednesday of each month, 10:00-11:15 a.m., Conference Room 1, San Joaquin General Hospital, Stockton.

10:30-12:00 noon. Auditorium, Medical Sciences Building. UCSF.

11:00 a.m., Room 1645, Los Angeles County-USC Medical Center. USC.

12:30 p.m., Auditorium, School of Nursing, Orange County Medical Center. UCI.

12:30-1:30 p.m., University Hospital, UCSD.

12:30-1:30 p.m., Building 22, VA Hospital, Sepulveda.

Thursdays

8:00 a.m., Sacramento Medical Center, Sacramento. UCD.

10:30-12:00 noon, Room 33-105, UCLA Medical Center. UCLA.

Neurology. 11:00 a.m., 664 Science, UCSF.

Neurology. 12:30 p.m., University Hospital of San Diego County, San Diego. UCSD.

4th Thursday of each month, 12:30 p.m. in lower conference room, Huntington Intercommunity Hospital, Huntington Beach.

Fridays

8:00 a.m., Courtroom, Third Floor, Kern County General Hospital, Bakersfield. CRMP Area IV.

8:30 a.m., Auditorium, Lebanon Hall, Cedars of Lebanon Hospital, Los Angeles. CRMP Area IV.

Neurology. 10:15 a.m., held alternately at Stanford University Hospital and Neurology Conference Building 7, VA Hospital, Palo Alto. STAN.

1st and 3rd Fridays, 11:00 a.m., Auditorium, Brown Building, Mount Sinai Hospital, Los Angeles. CRMP Area IV.

1:15 p.m., Lieb Amphitheater, Timken-Sturgis Research Bldg., La Jolla. Scripps Clinic and Research Foundation.

Rheumatology. 11:45 a.m., Room 6441, Los Angeles County-USC Medical Center, Los Angeles. USC.

MENTAL RETARDATION

June 4-16—**Mental Retardation.** UCLA and Pacific State Hospital, Pomona at UCLA. Two weeks. Topics covered: The causation, symptomatology, care, treatment and management of the mentally retarded; diagnostic techniques suitable for office practice; the understanding of parental reactions and of intra-family psychopathology and their management; differential diagnosis of mental retardation and mental illness; roles of superimposed emotional problems and psychotherapy. Contact: UCLA.

OBSTETRICS AND GYNECOLOGY

June 2—**Eleventh Annual Conference on Prematurity.** STAN. Friday.

June 3-4—**American Association of Gynecological Laparoscopists—Annual Symposium.** At Stardust Hotel, Las Vegas, Nev. Saturday-Sunday. Contact: Jordan M. Phillips, M.D., 11239 S. Lakewood Blvd., Downey 90241. (213) 862-8181.

June 16-17—**New Concepts in Gynecologic Oncology.** See Cancer, June 16-17.

August 9-13—**Seminar in Obstetrics and Gynecology—Fifth Annual.** UCLA at UCLA Residential Conference Center, Lake Arrowhead. Monday-Friday. 24 hrs.

Continuously—**Ob/Gyn Conference.** San Joaquin General Hospital, Stockton. Mondays, 12:15-1:30 p.m. in Doctors' Dining Room. Contact: J. David Bernard, M.D., F.A.C.P., Dir. of Med. Ed., San Joaquin Gen. Hosp., Stockton 95201. (209) 982-1800.

Grand Rounds—Obstetrics and Gynecology

Mondays

10-11:30 a.m., Assembly Room, First Floor, Harbor General Hospital, Torrance. UCLA.

10:30 a.m., Auditorium, Womens Hospital, Los Angeles County-USC Medical Center, Los Angeles. USC.

12:00 noon, A Level Amphitheater, LLU Hospital, LLU.

Tuesdays

9:00 a.m., Fifth Floor Auditorium, Room 53-105, UCLA Medical Center. UCLA.

Wednesdays

8:00 a.m., Conference Room, Sacramento Medical Center, Sacramento. UCD.

Fridays

8:00 a.m., Auditorium, Orange County Medical Center. UCI.

Saturdays

8:00 a.m., Executive Dining Room, University Hospital of San Diego County, San Diego. UCSD.

PEDIATRICS

June 6-7—**Emergency Care of Children.** USC. Tuesday-Wednesday.

June 24-25—**Armchair Allergy.** PMC. Saturday-Sunday. 12 hrs. Everyday problems of pediatric allergy.

July 19-22—**Pediatric Dermatology.** STAN. Wednesday-Saturday.

September 27-28—**29th Annual Brennemann Memorial Lectures.** Los Angeles Pediatric Society at Sportsmen's Lodge, North Hollywood. Wednesday-Thursday. 8 hrs. Contact: Mrs. Eve Black, Exec. Sec., LAPS, P.O. Box 2022, Inglewood 90305. (213) 757-1198.

September 28-30—**Regional Postgraduate Course in Cerebral Palsy.** American Academy for Cerebral Palsy and Childrens Hospital at Childrens Hospital, Stanford. Thursday-Saturday. $75. Contact: Eugene E. Bleck, M.D., 4 El Cerrito, San Mateo 94402. (415) 344-6816.

Continuously—**Pediatric Research Seminar.** UCSD. Mondays, 12:00 noon-1:00 p.m.

Continuously—**Pediatrics Clinical Conference.** San Joaquin General Hospital, Stockton. Wednesdays, 10:00-11:15 a.m., Conference Room 3. Contact: J. David Bernard, M.D., F.A.C.P., Dir. of Med. Ed., San Joaquin Gen. Hosp., Stockton 95201. (209) 982-1800.

Continuously—**Pediatric-Cardiology Conference.** San Joaquin General Hospital, Stockton. Third Thursday of each month, 9:30-11:00 a.m., Conference Room 2. Contact: J. David Bernard, M.D., F.A.C.P., Dir. of Med. Ed., San Joaquin Gen. Hosp., Stockton 95201. (209) 982-1800.

Continuously—**Pediatric Conference.** Cedars-Sinai Medical Center, Los Angeles. Thursdays weekly, 8:30-9:30 a.m. Contact: B. M. Kagan, M.D., Cedars-Sinai Med. Center, 4833 Fountain Ave., Los Angeles 90029. (213) 662-9111, ext. 181.

Grand Rounds—Pediatrics

Tuesdays

8:00 a.m., Childrens Hospital Medical Center, Oakland.

8:30 a.m., Auditorium, Childrens Division Building, Los Angeles County-USC Medical Center, Los Angeles. USC.

8:30 a.m., Room 4-A, Kern County General Hospital, Bakersfield. CRMP Area IV.

8:30 a.m., Pathology Auditorium, San Francisco General Hospital.

8:30 a.m., University Hospital of San Diego County, San Diego. UCSD.

12:00 noon, A Level Amphitheater, LLU Hospital, LLU.

Wednesdays

8-9:00 a.m., held alternately at Auditorium, Orange County Medical Center and Auditorium, Childrens Hospital of Orange County. UCI.

8:30 a.m., Bothin Auditorium, Childrens Hospital, San Francisco.

Thursdays

8:30-10:00 a.m., Room 664, Science Building, UCSF.

8:30-9:30 a.m., Lebanon Hall, Cedars of Lebanon Hospital, Los Angeles.

8:30 a.m., First Floor Auditorium, Harbor General Hospital, Torrance.

Fridays

8:00 a.m., Lecture Room, A Floor, Health Sciences Center, UCLA. CRMP Area IV.

8:00 a.m., Sacramento Medical Center, Sacramento. UCD.

8-9:00 a.m., Lecture Hall, Childrens Hospital of Los Angeles.

8:30 a.m., Room M104, Stanford University Medical Center, STAN.

9:30-11:00 a.m., Conference Room 2, San Joaquin General Hospital, Stockton.

Infectious Disease. 10:00 a.m., Auditorium, Childrens Division Building, Los Angeles County-USC Medical Center, Los Angeles. USC.

PSYCHIATRY

May 20—**Sexual Problems in Medical Practice.** USC. Saturday. $40. 6 hrs. Contact: Patrick M. Wolberd, M.S.W., Prog. Coord., USC, 2025 Zonal Ave., 101 Hoffman Research Center, Los Angeles 90033. (213) 225-1511, ext. 336.

May 21—**Errors in Psychotherapy: Their Detection and Management.** The Extension Division of the San Francisco Psychoanalytic Institute at Fairmont Hotel, San Francisco. Sunday. $10. 5 hrs. Contact: Miss Jennie Chiado, S.F. Psychoanal. Instit., 2420 Sutter, San Francisco 94115. (415) 931-4205.

June 2-3—**Symposium on Stress: Its Impact on Thought and Emotion.** UCSF. Friday-Saturday. 14 hrs.

June 17—**Golden Gate Group Psychotherapy Association—Annual Conference.** STAN and Golden Gate Group Psychotherapy Association at STAN. Saturday. Contact: STAN.

June 26-30—**Innovations in Psychotherapy.** USC at Hotel Del Coronado, Coronado. Monday-Friday. $60. 20 hrs. June 26—Behavior Modifications and Psychodynamics; June 27—The Groups; June 28—Community Interfaces; June 29—The Non-Hospital Environment; June 30—Two Approaches to the Hyperkinetic Child. Contact: Patrick M. Wolberd, M.S.W., Prog. Coord., USC, 2025 Zonal Ave., 101 Hoffman Research Center, Los Angeles 90033. (213) 225-1511, ext. 336.

Continuously—**Southern California Psychiatric Society—Monthly Scientific Program.** SCPS at UCLA. Second Monday of each month, September-June. Contact: Eleanor Kranther, Exec. Sec., SCPS, 9713 Santa Monica Blvd., Beverly Hills 90210 (213) 271-7219.

Continuously—**Eric Berne Seminar of San Francisco.** International Transactional Analysis Association at 2709 Jackson St., San Francisco. Tuesday evenings. 8:30 p.m. Contact: Dr. John Dusay, Pres., 2709 Jackson St., San Francisco 94115. (415) 346-4082.

Grand Rounds—Psychiatry

Wednesdays

10:30 a.m., Sacramento Medical Center, Sacramento. UCD.

RADIOLOGY AND PATHOLOGY

June 18-24—**Pathology of the Lung.** UCSD. One week. $200. 48 hrs.

Continuously—**Cytopathology Tutorial Program.** UCSF. Courses may be arranged throughout the year on the basis of individual needs and goals; fees are prorated accordingly. Arrangements should be discussed with instructor, Eileen B. King, M.D., Dept. of Pathology, UCSF. (415) 666-2919.

Continuously—**Orange County Radiological Society—Film Reading Sessions.** Orange County Medical Center, Orange. Second Tuesday of each month, 7:30-9:30 p.m., September, 1971-June, 1972. Contact: Edward I. Miller, M.D., Secy., OCRS, 301 Newport Blvd., Newport Beach 92660. (714) 548-0651.

Continuously—**Inter-Hospital Conference.** UCSD and participating hospitals in the San Diego area at Radiology Main Conference Room, University Hospital, UCSD. September-June. Wednesdays, 5:15-6:15 p.m. For schedule contact: UCSD.

Continuously—**UCSF Radiology Rounds, Seminars, and Conferences.** Weekly meetings October-May. Department of Radiology, UCSF. Open to all physicians without charge. Radiology Chest Conferences, Angiocardiography Rounds, Diagnostic Radiology Seminars, Neuroradiology Seminars, Radiation Therapy Seminars. For schedule information contact: UCSF.

Continuously—**Principles and Clinical Uses of Radioisotopes.** UCSF. Fundamentals for the proper understanding and use of radioactivity in clinical medicine. Training in diagnostic and therapeutic uses of radioisotopes. Normal period of training: 3 months. Two part course: Part A, Basic Fundamentals; Part B, Clinical Applications.

Continuously—**Scintillation Camera Workshop.** UCSF. Workshops provided for physicians and nuclear medicine technologists by special arrangement, limited to 30 trainees per workshop. One or two day intensive training periods, basic instruction in scintillation camera theory, scintographic principles and scintiphotographic interpretations. $50. Contact: UCSF.

Continuously—**Scintograph Interpretation.** UCSF and Nuclear Medicine Section, Department of Radiology, UCSF. By special arrangement, designed to furnish physicians with an opportunity to participate in the daily activities of a university laboratory. Two-week training period participation in daily interpretation conferences, correlation conferences, routine training conferences. $175. Contact: UCSF.

Grand Rounds—Radiology-Pathology

Mondays

Pathology. 1:00 p.m., Sacramento Medical Center, Sacramento. UCD.

Fridays

Neuroradiology. 9:30 a.m., held alternately at Stanford University Hospital and Neurology Conference Building 7, VA Hospital, Palo Alto. STAN.

SURGERY AND ANESTHESIOLOGY

May 17-20—**Hand Symposium.** American Society for Surgery of the Hand, UCSF, and Northern California Chapter, American College of Surgeons at Sir Francis Drake Hotel, San Francisco. Wednesday-Saturday. $160. 26 hrs. Contact: UCSF.

May 18-20—**Neurosurgery.** UCSF. Thursday-Saturday. 18 hrs. Review and discussion of important recent developments. Includes a critical evaluation of current diagnostic and therapeutic approaches.

June 1-2—**Highlights of Modern Ophthalmology.** PMC. Thursday-Friday. 16 hrs.

June 8-11—**California Society of Anesthesiologists, Inc. Annual Scientific Meeting.** At Hotel Sahara, Las Vegas, Nev. Thursday-Sunday. $50, members, $75, nonmembers. 25 hrs. Contact: Wayne Herbert, M.D., Prog. chmn., CSA, Inc., 100 S. Ellsworth Ave., Suite 401, San Mateo 94401. (415) 343-4644.

June 10—**Clinical Electronystagmography Course.** Los Angeles Foundation of Otology at Los Angeles Foundation of Otology. Saturday. $75. 7 hrs. Contact: Jack L. Pulec, M.D., LAFO, 2130 W. Third St., Los Angeles 90057. (213) 483-4431.

June 16—**Stroke—Newest Concepts.** Mount Zion Hospital and Medical Center at Mount Zion Hospital and Medical Center, San Francisco. Friday. $45. Primarily intended for orthopedic surgeons. Contact: Harry Weinstein, M.D., Dir. of Med. Ed., Dept. of Cont. Ed., Mt. Zion Hosp. and Med Center, 1600 Divisadero St., San Francisco 94115. (415) 567-6600, ext. 108.

June 17-18—**Society for Surgery of the Alimentary Tract.** At St. Francis Hotel, San Francisco. Saturday-Sunday. Contact: Victor Richards, M.D., Children's Hospital. 3700 California St., San Francisco 94118. (415) 752-1452.

June 22-23—**Society for Vascular Surgery.** At Mark Thomas Hotel, Monterey. Thursday-Friday. 22-23 hrs. Contact: Russell M. Nelson, M.D., Latter Day Saints Hospital, Salt Lake City, Utah 84103. (801) 322-5761.

June 22-24—**Postgraduate Courses in Ophthalmology.** STAN. Thursday-Saturday. $125 for course, $15 for wives. Lectures, roundtable discussions on new developments in ocular therapy. New approaches to glaucoma and corneal diseases, the therapeutic role of soft contact lenses, biochemical manipulation in ophthalmolic genetics and others. Contact: A. Dellaporta, M.D., Div. of Ophthal., STAN, 94305. (415) 321-1200.

August 4-6—**Annual Postgraduate Seminar in Anesthesiology.** UCLA. Friday-Sunday. 13 hrs.

September 16-17—**American Association for Hand Surgery.** At Stardust Hotel, Las Vegas. Saturday-Sunday. Contact: Kim K. Lie, M.D., Exec. Sec., AAHS, 765 Bedford Road, Grosse Pointe Park, Mich. 48230. (313) 962-9828.

September 19-23—**American Society of Plastic and Reconstructive Surgeons.** At Stardust Hotel, Las Vegas. Tuesday-Saturday. Contact: Mr. Dallas F. Whaley, 29 E. Madison St., Chicago 60602. (312) 641-0593.

September 28-30—**American Association for Surgery of Trauma.** At St. Francis Hotel, San Francisco. Thursday-Saturday. Contact: John H. Davis, M.D., Secy., AAST, Univ. of Vermont, Coll. of Med., Given Bldg., Burlington, Vt. 05401. (802) 863-5527.

Continuously—**Training for Physicians in Nephrology.** CRMP Area VI and LLU at LLU. Courses of four weeks or more available, to be scheduled by arrangement. Hemodialysis, peritoneal dialysis, renal biopsy, and kidney transplantation. 160 hrs. Contact: Stewart W. Shankel, M.D., LLU.

Continuously—**Thoracic Surgery Conference.** San Joaquin General Hospital, Stockton. Fourth Wednesday of each month, 9:00-10:30 a.m., Conference Room 1. Contact: J. David Bernard, M.D., F.A.C.P., Dir. of Med. Ed., San Joaquin Gen. Hosp., Stockton 95201. (209) 982-1800.

Continuously—**Medical Surgical Conference.** San Joaquin General Hospital, Stockton. Second Wednesday of each month, 10:00-11:15 a.m., Conference Room 1. Contact: J. David Bernard, M.D., F.A.C.P., Dir. of Med. Ed., San Joaquin Gen. Hosp., Stockton 95201. (209) 982-1800.

Continuously—**Orthopaedic Audio-Synopsis Foundation.** A non-profit service for Orthopaedic Surgeons publishing monthly recorded teaching programs which include summaries of pertinent literature and excerpts from leading national and international meetings. Twelve monthly c-60 cassette tapes. Annual subscription rate $72. ($50 for residents). Contact: J. Tonn, Man. Ed., OASF, 6317 Wilshire Blvd., Los Angeles 90048. (213) 986-0131.

Grand Rounds—Surgery

Tuesdays

Orthopedic Surgery. 8:00 a.m., Sacramento Medical Center, Sacramento. UCD.

Urology. 7:30 a.m., Sacramento Medical Center, Sacramento. UCD.

Wednesdays

7:15 a.m., Auditorium, Kern County General Hospital, Bakersfield. CRMP Area IV.

8:00-10:00 a.m. San Joaquin General Hospital, Stockton.

1st and 3rd Wednesdays. 11:00 a.m., Auditorium, Brown Building, Mount Sinai Hospital, Los Angeles. CRMP Area IV.

3:30 p.m., Sacramento Medical Center, Sacramento. UCD.

Thursdays

Neurology and Neurosurgery. 11:00-12:15, Room 663, Science Building, UCSF.

Fridays

1-2:00 p.m., Auditorium, Orange County Medical Center, Orange. UCI.

Neurosurgery. 11:15 a.m., held alternately at Stanford University Hospital and Neurology Conference Building 7, VA Hospital, Palo Alto. STAN.

Saturdays

8:00 a.m., Auditorium, 1st floor, University Hospital of San Diego County, San Diego. UCSD.

Urology. 8:00 a.m., 3rd floor conference room, University Hospital of San Diego County, San Diego. USCD.

8:30 a.m., Assembly Room, Harbor General Hospital, Torrance. CRMP Area IV.

9:00 a.m., Room 73-105, Health Sciences Center, UCLA. CRMP Area IV.

OF INTEREST TO ALL PHYSICIANS

CMA Postgraduate Institutes

June 16-17—**Sacramento Valley Counties Regional Postgraduate Institute.** STAN, CMA and Sacramento County Medical Society at Cal Neva Lodge, Lake Tahoe. Friday-Saturday. $30. Contact: CMA.

May 23-June 13—**Medical Centers of Africa.** USC. Three weeks. Tuition, $250, Tour, $1699. 26 hrs. Medical centers of Senegal, Uganda, Tanzania, Kenya, Zambia and Ethiopia are to be visited.

June 3—**Medical Alumni Reunion Clinical Symposium.** STAN. Saturday.

June 10-11—**California Academy of Family Practice, San Diego Chapter—Annual Postgraduate Symposium.** At Hotel Del Coronado, Coronado. Saturday-Sunday. 8 hrs. Contact: Vernon F. Perrigo, M.D., 278 Avocado St., El Cajon 92020. (714) 444-1144.

June 18-22—**American Medical Association.** At Hilton Hotel, San Francisco. Sunday-Thursday. Contact: Ernest W. Howard, M.D., Exec. Vice Pres., 535 N. Dearborn St., Chicago 60610. (312) 527-1500.

August 12-23—**Fifteenth Annual Postgraduate Refresher Course for Physicians.** USC at Sheraton Waikiki Honolulu and Maui, Hawaii. One and one-half weeks. 37 hrs.

Continuously—**Mission Community Hospital Program.** UCI and Mission Community Hospital at Mission Community Hospital, Mission Viejo. Tuesdays at noon. Contact: UCI for schedule and further information.

Continuously—**Chapman General Hospital Program.** UCI and Chapman General Hospital at Chapman General Hospital, Orange. Mondays at noon. Contact: UCI for schedule and further information.

Continuously—**Dynamics of the Family—Psychiatry.** UCI at Orange County Medical Center, Orange. $200. September through June.

Continuously—**Postgraduate Medical Lecture Series—Riverside San Bernardino.** UCI and Riverside San Bernardino Chapter, California Academy of General Practice at Rams Horn Inn, San Bernardino. Monthly, September through May.

Continuously—**Emergency Care.** USC. Thursday evenings 7:30-9:30, January 20-April 6.

Continuously—Basic Science Correlation in Disease. VA Hospital, Sepulveda. **Wednesday evenings,** September 16-June 23. Contact: **Michael Geokas, M.D.,** Ph.D., Chief, Medical Service, VA Hospital, Sepulveda 91343. (213) 894-8271.

Continuously—Basic Science Lecture Series. UCSD. Mondays, 4:00 p.m., third floor conference room, University Hospital of San Diego County, San Diego. Contact: UCSD.

Continuously—Audio-Digest Foundation. A non-profit subsidiary of CMA. Twice-a-month tape recorded summaries of leading national meetings and surveys of current literature. Services by subscription in: General Practice, Surgery, Internal Medicine, Ob/Gyn, Pediatrics, Anesthesiology, Ophthalmology, Otorhinolaryngology. Catalog of lectures and panel discussions in all areas of medical practice also available. Contact: Mr. Claron L. Oakley, Editor, Suite 700, 1930 Wilshire Blvd., Los Angeles 90057. (213) 483-3451.

Continuously—Medical Media Network. Programs and study guides produced in association with faculties of major medical schools and centers throughout California. MMN administered by University Extension, UCLA. Subscriptions for all California hospitals, rental or purchase, 16 mm, super 8 mm, one-inch videotape. Provides physicians throughout the state with current educational programs in local hospitals. Consult the nearest MMN Hospital regarding time and date for viewing. Contact: Kathryn Alexander, Commun. Coord., MMN, 10995 Le Conte Ave., Los Angeles 90024. (213) 825-1791.

Continuously—Postgraduate Education Program—Harbor General Hospital. Harbor General Hospital and CRMP Area IV at Harbor General Hospital, Torrance. Practicing physicians invited to participate one-half day weekly over a two-month period in a selected medical or surgical sub-specialty clinic. Patient care, teaching exercises, discussion. Medical clinics currently available: Allergy, Arthritis, Cardiology, Dermatology, Endocrinology, Diabetes, Gastroenterology, Hematology, Neurology, Medical Oncology, Chest, and Renal Hypertension. Surgical sub-specialties also available. Current schedule: April-May. $50. 27 hrs. Contact Malin Dollinger, M.D., Prog. Dir., Harbor General Hospital, 1000 W. Carson St., Torrance 90509. (213) 328-2380, ext. 1257.

Continuously—**Stanford Speaker's Bureau for Environmental Topics.** Stanford University Committee for Environmental Information. Provides on request speakers and programs on environmental topics. Air pollution, water pollution and water conservation issues, radiation hazards and radiation technology, pesticides and their ecological problems, medicine's responsibilities in the environmental-ecology crisis and others. Contact: STAN.

Continuously—**Stanford-Mills Memorial Hospital Continuing Education Program.** STAN at Mills Memorial Hospital, San Mateo. Tuesday-Friday weekly. Basic Science for the Clinician, Grand Rounds, Intensive Care. Contact: STAN.

As seen in Newsweek
April 3, 1972

What do Swedish statistics say about American babies?

Why do we even ask the question?

Because some people cite statistics as a reason for proposing radical changes in America's health care system. For example, they point out that in Sweden, there are 13 infant deaths per 1,000 live births, compared with 20.7 in the U.S.

Therefore, they say, we need radical changes—scrap the present health care system and start over.

This is a dangerous over-simplification.

They fail to consider that Sweden and America are vastly different. Not just in size (8 million people vs. 220 million). Unlike Sweden, America has wide differences in geography, racial makeup, income, and education.

We're not merely quibbling. These differences profoundly influence America's health statistics.

Actually, statistics are almost identical for comparable population groups in the United States and northwestern Europe. And we're making rapid improvement. America's rate has decreased from 20.7 in 1969 to 19 in 1971.

But this is not enough.

As doctors, we recognize our responsibility to see that all people have access to adequate medical care. At the same time, we believe it unwise to make sweeping changes in a system that now provides excellent care to most people.

Your efforts and ours would be better spent in attacking the root causes of poor health: poverty, unemployment, inadequate education, substandard housing, malnutrition.

We must never forget that statistics represent people. And these people deserve their rightful share of the good things that America offers.

And that includes far more than medical care.

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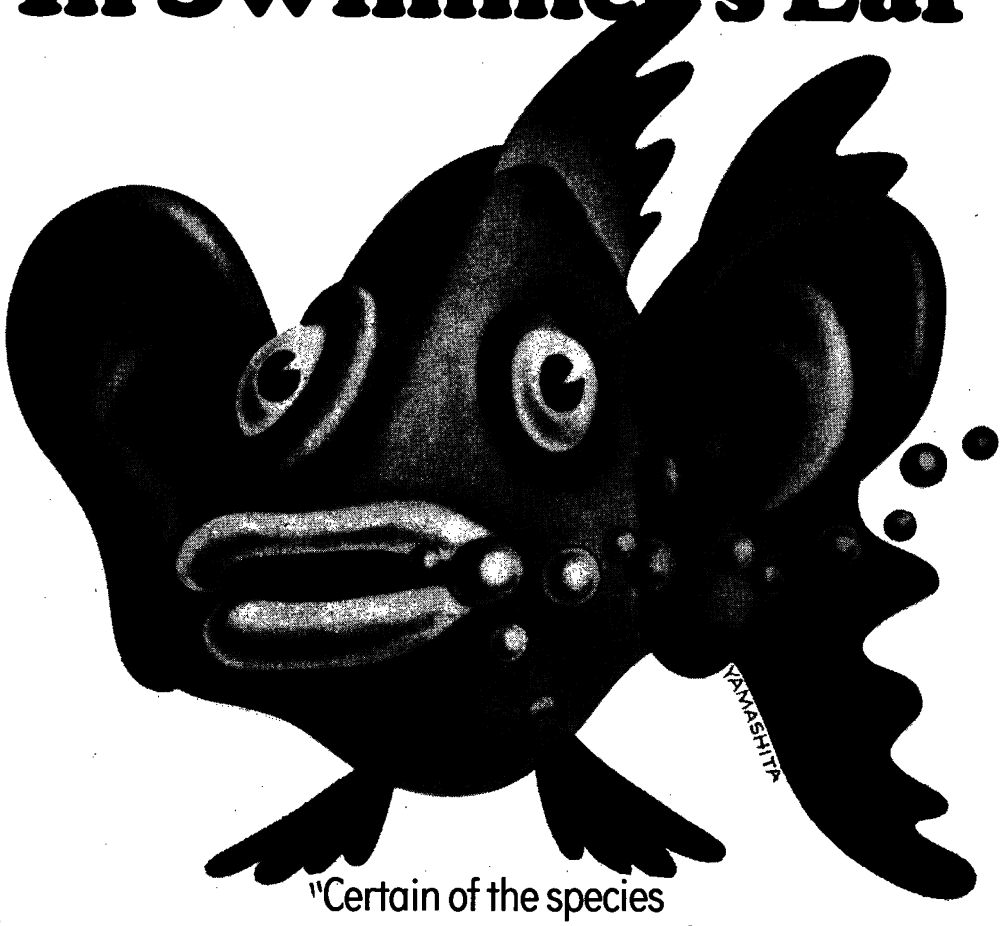

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Formula: Contains (w/w) 0.2% FURACIN, brand of nitrofurazone, 0.375% Micofur®, brand of nifuroxime, and 2% diperodon hydrochloride dissolved in water-soluble, nondrying, hygroscopic polyethylene glycol.
Indications: For treatment of bacterial otitis externa, bacterial otitis media and otomycosis. In otitis media, this preparation is not effective if the tympanic membrane is intact.
FURACIN (nitrofurazone) and Micofur (nifuroxime) are active against a variety of gram-positive and gram-negative organisms. Activity versus Pseudomonas sp. is limited to certain strains. Micofur (nifuroxime) is active against Candida (Monilia) albicans.

Precautions: Sensitization may occur with prolonged use and is more likely to develop in eczematous otitis externa. To minimize such reactions (a) limit application to a week or less, and (b) avoid use of excessive amounts which may run down the face.
This preparation is not indicated for use in treatment of cholesteatoma, where surgical intervention is necessary.
Supplied: Bottle of 15 cc. with dropper.

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Last week he got three new clients, four rush orders, and constipation.

More often than not, simple constipation is a by-product of the frantic pace of modern life. The natural urge to move one's bowels is subjugated to business and other pressures and, gradually, the normal defecation reflex is lost through habitual neglect. Along with other indicated measures, FLEET™ ENEMA can help "bring back the urge." It relieves acute constipation within 2 to 5 minutes–far faster than suppositories or soapsuds enemas and without the irritation and burning they can cause. More physio*logical* in its evacuation pattern than oral laxatives, it is less likely to disturb normal bowel function. And what could be simpler to use. No preparation. No fuss. No cleanup. FLEET ENEMA. It could keep success from spoiling your constipation-prone patients.

Warning: Frequent or prolonged use of enemas may result in dependence. Take only when needed or when prescribed by a physician. Do not use when nausea, vomiting, or abdominal pain is present. **Caution:** Do not administer to children under two years of age unless directed by a physician.

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Femininity & Vaginitis

Many women still believe that a douche is a cure-all for vaginal secretions and malodor. Mother tells daughter and the myth is perpetuated.

Other cosmetic products are not much better. Though they may be effective in some minor infections, they cannot touch the real medical problem, which very often is trichomonal vaginitis.

Medicine's most effective cure for trichomonal vaginitis is Flagyl® (metronidazole). It is also pleasantly feminine because it provides the simplicity of oral medication . . . frees women from the unpleasant mess and bother of douches.

When the problem is trichomonal vaginitis . . . remember Flagyl. It cures trichomoniasis with an unmatched high degree of effectiveness.

Flagyl is indicated for the treatment of trichomoniasis in both male and female patients and the sexual partners of patients with a recurrence of the infection provided trichomonads have been demonstrated by wet smear or culture.

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brand of (metronidazole)

Indications: For the treatment of trichomoniasis in both male and female patients and the sexual partners of patients with a recurrence of the infection provided trichomonads have been demonstrated by wet smear or culture. The oral form is indicated also for intestinal amebiasis and amebic liver abscess.

Contraindications: Evidence or history of blood dyscrasia, active organic disease of the CNS, the first trimester of pregnancy and a history of hypersensitivity to metronidazole.

Warnings: Use with discretion during the second and third trimesters of pregnancy and restrict to those pregnant patients not cured by topical measures. Flagyl (metronidazole) is secreted in the breast milk of nursing mothers. It is not known whether this can be injurious to the newborn.

Precautions: Mild leukopenia has been reported during Flagyl use; total and differential leukocyte counts are recommended before and after treatment with the drug, especially if a second course is necessary. Avoid alcoholic beverages during Flagyl therapy because abdominal cramps, vomiting and flushing may occur. Discontinue Flagyl promptly if abnormal neurologic signs occur. Exacerbation of moniliasis may occur. In amebic liver abscess, aspirate pus during metronidazole therapy.

Adverse Reactions: Nausea, headache, anorexia, vomiting, diarrhea, epigastric distress, abdominal cramping, constipation, a metallic, sharp and unpleasant taste, furry or sore tongue, glossitis and stomatitis possibly associated with a sudden overgrowth of *Monilia*, exacerbation of vaginal moniliasis, an occasional reversible moderate leukopenia, dizziness, vertigo, incoordination and ataxia, numbness or paresthesia of an extremity, fleeting joint pains, confusion, irritability, depression, insomnia, mild erythematous eruptions, "weakness," urticaria, flushing, dryness of the mouth, vagina or vulva, pruritus, dysuria, cystitis, a sense of pelvic pressure, dyspareunia, fever, polyuria, incontinence, decrease of libido, nasal congestion, proctitis, pyuria and darkened urine have occurred in patients receiving the drug. Patients receiving Flagyl may experience abdominal distress, nausea, vomiting or headache if alcoholic beverages are consumed. The taste of alcoholic beverages may also be modified. Flattening of the T wave may be seen in EKG tracings.

Dosage and Administration

For Trichomoniasis. In the Female: One 250-mg. tablet orally three times daily for ten days. Courses may be repeated if required in especially stubborn cases; in such patients an interval of four to six weeks between courses and total and differential leukocyte counts before, during, and after treatment are recommended. Vaginal inserts of 500 mg. are available for use, particularly in stubborn cases. *When the vaginal inserts are used,* one 500-mg. insert is placed high in the vaginal vault each day for ten days and the oral dosage is reduced to two 250-mg. tablets daily during the ten-day course of treatment. Do not use the vaginal inserts as the sole form of therapy. *In the Male:* Prescribe Flagyl only when trichomonads are demonstrated in the urogenital tract, one 250-mg. tablet two times daily for ten days. Flagyl should be taken by both partners over the same ten-day period when it is prescribed for the male in conjunction with the treatment of his female partner.

For Amebiasis. Adults: For acute intestinal amebiasis, 750 mg. orally three times daily for 5 to 10 days. For amebic liver abscess, 500 to 750 mg. orally three times daily for 5 to 10 days.

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Dosage forms: Oral tablets 250 mg.
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Research in the Service of Medicine

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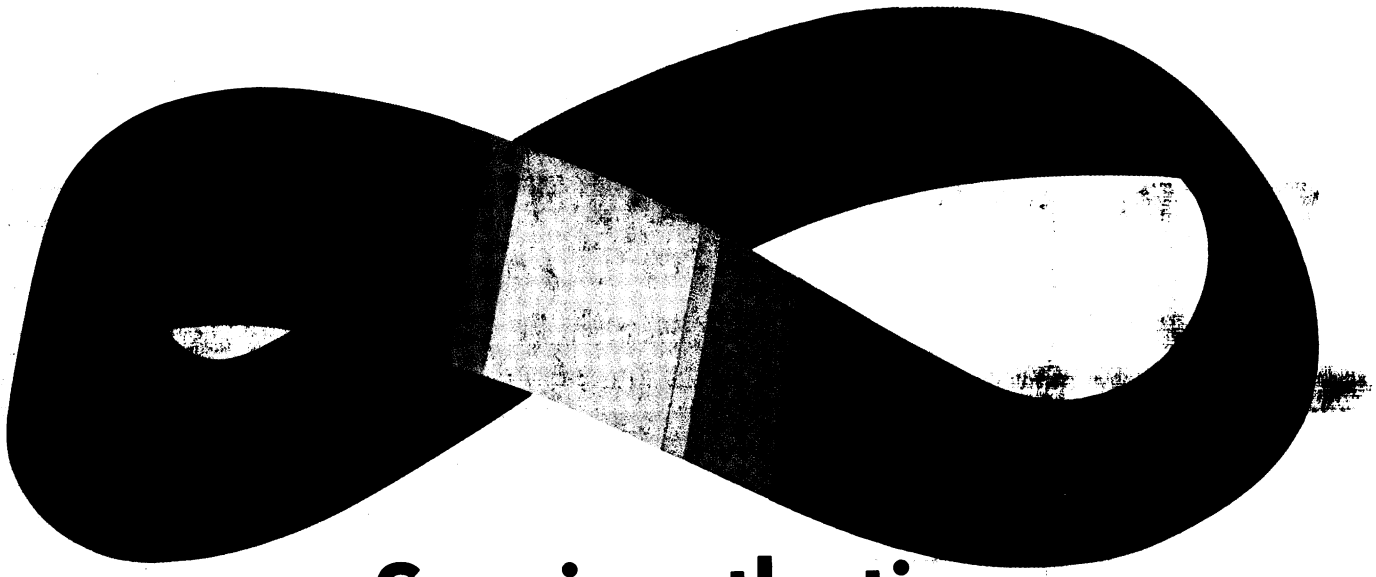

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